STATES OF GUERNSEY
BOARD OF HEALTH

87th
ANNUAL REPORT
of the

Medical Officer of Health

REPORT FOR
THE YEAR 1985

REPORT OF THE MEDICAL OFFICER OF HEALTH

FOR 1985

Lukis House,
Grange,
Guernsey.

June 27th 1986

Sir,

I have the honour to present to you my Annual Report on the health of the Bailiwick of Guernsey for the year 1985.

I have the honour to be, Sir,

Your obedient servant.

E.P Lawrence

E.P Lawrence, M.A.,M.B.,B.Ch.,
F.F.C.M.,D.P.H.,D.T.M.& H.

Consultant Community Physician/
Medical Officer of Health.

The President,
Board of Health,
Guernsey.

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MEMBERS OF THE BOARD OF HEALTH

Conseiller J.R.R. Henry, President

Deputy Rev. A.W. Ingrouille, Vice President

Jurat G.L.Le Page

Deputy Mrs. B.E. Nicolle

Deputy L.S. Ogier (to 30th April, 1985)

Deputy R.E. Dorey

Deputy P. Roffey

Deputy Mrs. S. Plant (from 1st May, 1985)

Dr. S. Heyworth, M.B., B.S., D.Obst. R.C.O.G.

Mr. J. Ferguson, M.D., F.R.C.S. (to 30th April, 1985)

Dr. F. Degnen, M.R.C.P. (from 1st May, 1985)

INTRODUCTORY LETTER TO THE BOARD OF HEALTH

Mr. President, Ladies and Gentlemen,

This is my third annual report on the health of the Bailiwick of Guernsey. This occasion provides the opportunity to describe the current activities of the department and its management team, to review progress in the field of preventive health and to propose plans for the future.

In my first report, for 1983, I explained that since 1974, Medical Officers of Health had ceased to exist as such on the mainland, and that their work was now carried out by Consultant Community Physicians who were specialists in Community Medicine. They have the wider remit to apply the science of epidemiology to help tackle all problems which affect the health of a defined population, rather than concentrating on the hazards of the environment and applying the legislation required to control those hazards. In September 1985 the post of Guernsey's Medical Officer of Health was re-titled Consultant Community Physician/Medical Officer of Health to acknowledge both the change of remit and the necessity to continue both functions.

It has not been an easy year. The prevention of disease suffers from a conflict of exhortation: "if preventable, why not prevented?" But when remedies are proposed there is the prompt rejoinder "This proposal costs money: prove it will work". It is hardly surprising that a cynical view then develops - everyone favours prevention, provided it doesn't cost anything. Guernsey also has a further constraint on schemes involving new staff: there is very great pressure to appoint local candidates who do not require an essential workers' housing licence. It is an interesting fact that the quality of health care in Guernsey may depend on Housing Licence policy. Progress in prevention depends on finding solutions that have proved to be effective, that do not cost money, and do not require extra staff recruited from the mainland. These are not the easiest of requirements to meet. There have been developments despite these constraints. New staff have been appointed in the fields of Health Visiting and School Nursing. More preventive work has been carried out with families and young children - visits have increased by over 60%, and there have been 20% more clinic sessions than in 1984. Nurses have worked more closely with family doctors. Community nurses are extending skills in specialised fields - terminal care, incontinence and stoma management, and the comprehensive care of the elderly. Following training, help is given with greater confidence to families with multiple problems, and in particular those who abuse their children.

The report of Sir Douglas Black's Committee reviewing the arrangements for Health Care in Guernsey was published at the end of May. This Committee reported favourably on the community health care provided in the Island, but underlined the importance of closer working between family doctors and community nurses. Progress has been made in attaching nurses to practices, in pursuit of this objective of establishing multidisciplinary primary care teams.

At the end of March, Miss Aeschimann retired after 10 year's service as the Co-ordinator for Community Nurses. Her help was invaluable in establishing a co-ordinated service for the whole Island, as a natural successor to the work of the former Voluntary Nursing Associations.

The Board of Health considered a number of proposals for prevention in June. Some have been accepted, such as the increase in establishment of Health Visitors and School Nurses, and the need for an additional Environmental Health Officer in 1986. There are, however, two other very important requirements - the appointment of a Health Education Officer and of a permanent Community Paediatrician.

Health Education is often seen as the panacea for all ills, so it is severely criticised when it doesn't produce immediate results. This is through failure to acknowledge its complexity, failure to accept that it is a full time job, and failure to accept the need for an individual of adequate calibre to produce results. The major causes of disability and death - heart disease, strokes and cancer - are due to our habits as well as our genes and our environment. Changing habits and a way of life is not a comfortable nor an easy task. Eating fatty foods, and a lot of them, choosing a sedentary rather than an active life, indulgence rather than self control in drinking, smoking and drug taking are all habits which adversely affect health. They are all resistant to change. The key to changing habits is the appointment of a dynamic and enthusiastic individual to run a Health Education department. Without such a co-ordinator and activator, change will be slow and the toll of avoidable morbidity and mortality will continue.

Dr. Creery has been locum Senior Clinical Medical Officer since January, 1984. He has shown how preventive Child Health Services can benefit from the skills of a Consultant Paediatrician. It is essential that the permanent holder of this post should have similar skills in order to keep pace with the rapidly changing complexities in this field, working closely with the Island's family doctors.

As well as these major requirements, there are a number of proposals to tackle in the years ahead.

The application of the computer to the storage and analysis of statistical data is long overdue. Details of all deaths, and of illness, are essential in order to assess their relative importance, the priority to be given to their prevention, and the effects of preventive measures. Successful and comprehensive screening in infancy depends on keeping an accurate and updated file for every child born in Guernsey, or moving to the Island. This task is best handled by a computer, with less chance of children slipping through the surveillance net undetected. A cancer register is the soundest way of monitoring changes in the incidence of malignant disease, so that environmental or behavioural causes can be detected and remedied and appropriate screening techniques used more effectively for those at high risk. This applies particularly to screening for cancer of the cervix. Monitoring the physical environment, such as the routine surveillance of premises and trades, is far more effectively done with the help of records held on a computer.

At present there is a very basic Occupational Health Service available to States employees, restricted to assessing fitness for employment. There is great potential for improving the health of staff by using this service to encourage acceptance of preventive measures, such as screening for disease, immunisation, and the adoption of a healthier style of living, both at work and at home. This service would benefit by employing staff trained in the specialty of Occupational Health.

Screening fit people to detect the precursors of disease in order to prevent illness is a very attractive proposition, and was a popular activity twenty years ago. Experience has shown that this idea is not nearly so simple as it appeared at first sight. The various types of screening have been evaluated much more critically in recent years, and there is now clearer guidance on the benefits to be expected from such activities. The provision of "well person" and not just "well women" clinics by family doctors, and encouraging people to attend these clinics, would be an effective way of meeting this need locally.

The Community Health Service has a plan for development: it is acquiring the necessary staff; it badly needs suitable premises. There is a major difficulty in finding suitable accommodation for this expansion, which has overtaken the present provision. The solution will inevitably be expensive so it must be the right one for many years ahead. A suitable base for peripatetic staff, accessible to the public, providing both clinical and administrative services, is essential if preventive medicine is to discard its old image. It is a Health Service, not a sickness service; it may never achieve priority over the treatment of illness, but it must not lag so far behind in attracting resources. It must not be crowded into any old surplus accommodation like the homeless poor relation.

Vital statistics for Guernsey show fairly wide swings from year to year due to the random variation inevitable with small numbers and small populations. The overall picture remains satisfactory, except for the increasing toll of cancer deaths due to smoking. The rate of increase of cancer of the lung continues to be in excess of that in the U.K. In 1985 the total of deaths from this cause in Guernsey (48) was the highest ever recorded. It is salutory to recall that 40 years ago the average was 6 deaths a year. Measures to reduce smoking may be having some effect on adults; however, school children and teenagers continue to smoke at an ever increasing rate regardless of the long term risks. Parental inertia does not encourage any change.

Apart from failing to discourage smoking, the preventive child health programme continues to run efficiently. There has been a noticeable decline in the number of children with severe deafness requiring hearing aids. No new cases of deafness due to rubella have been recorded in the last 9 years, indicating that the rubella vaccination policy is producing dividends. The uptake of immunisation against diphtheria, tetanus and polio remains at a satisfactorily high level and the acceptance of whooping cough vaccination is increasing. However, the level of vaccination against measles remains

low and therefore epidemics of measles continue. Measles can be a nasty illness and it does have unpleasant complications in 15% of cases. It is a preventable disease and the Americans have shown how it can be virtually eradicated in the United States by vaccination. Locally there is not yet the commitment on the part of doctors which is necessary to ensure prevention

Infectious diseases can still produce major problems. This was all too apparent when a large scattered outbreak of 50 cases of Salmonella food poisoning occurred in October. Investigation took up a very considerable amount of staff time and there were important economic and political consequences when it appeared that the most likely cause of the outbreak was inadequate pasteurisation of one or more batches of milk processed by the States Dairy. Prompt remedial action was taken.

Handling the emotional and preventive aspects of infection by the new virus which causes AIDS has also been very time consuming. This involved reviewing procedures for blood donation, introducing routine screening of blood donors for HTLV III antibodies, and collecting information to forestall the hysterical over-reaction to this condition which has occurred on the mainland.

Environmental Health Officers have had the time consuming but important task of supervising the safe stripping of asbestos from large buildings. The other major potential environmental problem tackled during the year was to ensure that the fumigation of glasshouses with cyanide to control white fly infestation was carried out safely. In August all wine importers were advised of the hazards of retailing Austrian wines that might contain excess ethylene glycol. The total number of general complaints dealt with have again increased; this is a very definite indicator of the failure of preventive action in the Environmental Health field, due to shortage of staff.

In May Dr. A Mulvaney retired as Assistant MOH for Alderney after 7 years in this post. I would like to thank him for the very capable assistance he has provided over the years and for his interest in dealing with public health problems. Dr. S. Robertson has taken over his duties, both as Assistant Medical Officer of Health and School Medical Officer for Alderney.

I am grateful to the staff of the Public Health Department who have continued to develop and support services in an admirable fashion. However, this progress and the accommodation needs of the new staff have thrown increasing strain on the limited physical capacity of Lukis House.
Relief of this pressure is now an urgent problem.

Yours faithfully,

E P Lawrence.

DR. E. P. LAWRENCE
Consultant Community Physician/Medical Officer of Health

HISTORICAL FOOTNOTE

The following paragraphs are included for those who may read this report without any background information about the area it concerns.

The administrative area is the Bailiwick of Guernsey, which comprises the islands of Guernsey, Alderney, Sark, Herm and Jethou. Guernsey is the largest of these and the most westerly of all the Channel Islands: Alderney is the most northerly and but nine miles from the coast of France. Sark, Herm and Jethou lie between Guernsey and that section of the coast of France which contains the Bay of Avranches. Alderney and Sark each have their own Parliament, the States of Alderney and the Sark Chief Pleas. This is an over simplification which must suffice for present purposes.

The Public Health Department functions within the Board of Health. The Board is a standing committee of the States of Guernsey, deriving its powers from Guernsey legislation and responsible to the States of Guernsey. This independance from the central government of the United Kingdom is what the stranger to the Channel Islands finds most difficult to understand. Nevertheless it is so and some 900 years of self government since William, Duke of Normandy, gained the English Crown are sufficient proof of this.

COMMUNITY HEALTH DEPARTMENT: STAFF

The Public Health Department is better described as a Community Health Department. It consists of independent but interdependent sections, managed by a team consisting of the Medical Officer of Health (Consultant Community Physician), the Director of Community Nursing, the Chief Environmental Health Officer and the Administrator, Community Services.

MEDICAL STAFF

Consultant Community Physician/Medical Officer of Health
Senior Clinical Medical Officer
Part-time Assistant Medical Officer of Health, Alderney
4 Part-time sessional doctors working in Occupational Health, Child Health and Venereology services

NURSING STAFF

Director of Community Nursing
Nursing Establishment in whole time equivalents:-

Health Visitors	9.3
Community Nursing Sisters	12.6
Staff Nurses	3.08
Enrolled Nurses	7.44
School Nurses	1.8
Nursing Auxiliaries	5.87

Alderney

Health Visitor/Community Nurse 1.5

ENVIRONMENTAL HEALTH STAFF

Chief Environmental Health Officer
5 Environmental Health Officers
(1 on secondment to Mole Valley Environmental Health Department for training)
2 Rodent Operatives

CLERICAL AND ADMINISTRATIVE STAFF

Administrator (Community Services) *
Executive Assistant to Medical Officer of Health
Office Manager
Clerks, typists - 5 whole time equivalents

* This is not a whole time post.

COMMUNITY HEALTH DEPARTMENT - FINANCE 1985

(The figures for 1984 are shown in brackets)

			1985 £	1984 £
Analyst's Fees			1614	(931)
Cleaning, Fuel, Light, Water and Rents			7298	(8582)
Home Dialysis			22161	-
Infectious Diseases:				
Doctor's Fees	9477	(4627)		
Drugs, Vaccines, etc.	8313	(7874)		
	17790	(12501)		
Less Recoveries	3756	4154	14034	(8347)
Office Equipment and Furniture			21679	(2931)
Postage, Stationery and Telephones			11516	(5990)
Rodent and Pest Materials			2652	(3237)
Salaries and Wages			523824	(480083)
Superannuation			52253	(46709)
Special Treatment Clinic			14836	(16796)
Uniforms			1074	-
Upkeep and Repair of Building			2537	(868)
Travelling Expenses			57489	(52812)
Welfare Foods	3259	(5145)		
Less Recoveries	3655	(4160)	396CR	(985)
Other Expenses			3984	(6792)
			£736,555	£635,063)
Less Recoveries from Education Council			59,800	(58,356)
			£676,755	(576,707)

Table 1.1 VITAL STATISTICS - 1985 - GUERNSEY

	1985	1984
Estimated mid-year resident population.....	53,300	53,300
Population density per acre (area 16,063 acres).....	3.32	3.32
Population density per hectare (6,500 hectares).....	8.20	8.20
Live births.....	642	596
Live birth rate per 1,000 population.....	12.0	11.2
Illegitimate live births.....	105	93
Illegitimate live birth rate per 1,000 live births	163.6	156.0
Stillbirths.....	7	3
Stillbirth rate per 1,000 total births (live & still)	10.8	5.0
Marriages.....	365	404
Marriage rate - persons marrying per 1000 population	13.7	15.2
Divorces.....	140	170
Divorce rate-persons divorcing per 1,000 population	5.3	6.4
Deaths.....	608	581
Death rate per 1,000 population.....	11.4	10.7
Corrected death rate (comparability factor 0.91)...	10.4	9.7
Infant deaths - in first year of life.....	4	6
Infant mortality rate per 1,000 live births.....	6.2	10.1
Neonatal deaths - in first four weeks of life.....	3	4
Neonatal mortality rate per 1,000 live births.....	4.7	6.7
Early neonatal deaths - in first week of life.....	3	4
Early neonatal mortality rate per 1,000 live births.	4.7	6.7
Perinatal deaths - stillbirths and early neonatal deaths	10	7
Perinatal mortality rate per 1,000 total births (live & still)	15.4	11.7
Maternal deaths.....	0	0
Deaths from cancer, all forms.....	168	145
Cancer mortality rate per 1,000 population	3.2	2.7
Cancer of trachea, bronchus and lung (ICD 162).....	48	44
Lung cancer mortality rate per million population	900.6	825
Lung cancer deaths per 100 deaths from all cancer	28.6	30.3
Deaths due to tuberculosis, all forms.....	0	0

(These figures are for the Island of Guernsey alone)

Table 1:2

COMPARISON OF SELECTED VITAL STATISTICS

	GUERNSEY					ENGLAND & WALES
	1985		RATES 5 year range - 1980-84			1985 Provisional Rates *
	No	Rate	Mean	Highest	Lowest	
Estimated mid-year resident population	53,300	-	-	-	-	49,764,000
Live births (rate per 1,000 population)	642	12.0	11.6	12.5	11.1	13.4
Stillbirths (rate per 1,000 total births-live & still)	7	10.8	6.4	8.0	5.0	5.5
Illegitimate live births (rate per 1,000 live births)	105	163.6	134.1	159.4	98.1	184.0
Marriages (rate, persons marrying per 1,000 population)	365	13.7	14.9	15.4	14.3	12.2
Deaths:resident population (rate per 1,000 population)	608	11.4	11.4	12.4	10.7	12.8
Deaths from cancer, all forms (rate per 1,000 population)	168	3.2	2.7	2.9	2.6	2.8
Lung cancer deaths (rate per 100 cancer deaths, all forms)	48	28.6	25.3	30.3	20.4	25.2
Infant deaths, (rate per 1,000 live births)	4	6.2	12.0	17.8	7.6	9.5
Neonatal deaths (rate per 1,000 live births)	3	4.7	8.5	11.3	6.1	5.3
Early neonatal deaths (rate per 1,000 live births)	3	4.7	5.2	6.7	3.0	N/A
Perinatal deaths (rate per 1,000 total births-live and still)	10	15.4	12.5	14.4	8.5	9.8
Maternal deaths (rate per 1,000 total births - live and still)	0	0	0	0	0	N/A
Deaths due to tuberculosis, all forms (rate per 1,000 population)	0	0	0	0	0	0.02

* From O.P.C.S. "Population Trends" No.42.

GUERNSEY

Table 1:3 Population, Live Births and Live Birth Rate, Deaths, Crude Death Rate, Infant Deaths and Infant Death Rates 1961-1985 inclusive.

Year	Resident Population +	Live Births	Birth Rate*	Deaths	Crude Death Rate*	Infant Deaths	Infant Death Rate #
1961	44,012	757	17.2	569	12.9	16	21.1
1962	44,705	797	17.8	569	12.7	15	18.8
1963	45,395	842	18.6	542	11.9	24	28.5
1964	46,085	891	19.3	540	11.7	19	21.3
1965	46,775	816	17.5	568	12.1	16	19.6
1966	47,465	780	16.4	564	11.9	13	16.7
1967	48,160	741	15.4	546	11.3	21	28.3
1968	48,840	752	15.4	656	13.4	16	21.3
1969	49,540	830	16.8	643	13.0	14	16.9
1970	50,230	794	15.8	616	12.3	13	16.4
1971	50,921	768	15.1	646	12.7	10	13.0
1972	51,465	790	15.4	576	11.2	14	17.7
1973	52,005	653	12.6	595	11.4	12	18.4
1974	52,550	679	12.9	610	11.6	9	13.3
1975	53,095	611	11.5	634	11.9	9	14.7
1976	53,637	623	11.6	606	11.3	9	14.5
1977	54,270	587	10.8	617	11.4	5	8.5
1978	54,320	582	10.7	567	10.4	9	15.5
1979	54,570	646	11.8	601	11.0	8	12.4
1980	53,390	622	11.7	571	10.7	8	12.9
1981	53,313	619	11.6	595	11.2	11	17.8
1982	53,300	589	11.1	630	11.8	6	10.2
1983	53,300	660	12.4	661	12.4	5	7.6
1984	53,300	596	11.2	581	10.7	6	10.1
1985	53,300	642	12.0	608	11.4	4	6.2

+ Estimated mid year population * Rates per 1000 population # Infant death rate per 1000 live births

Table 1:4 POPULATION ESTIMATES - 1961 - 1985

GUERNSEY (Including Herm and Jethou) for the past Four Census Years and Estimated populations mid-year 1962 - 1985 inc.

The estimated population is based on the information available from the past three censuses taken together. The working has been explained in Guernsey Annual Health Reports for 1978 and 1979, to which reference should be made for detail.

YEAR	POPULATION	MALE	FEMALE	BIRTHS	DEATHS	NATURAL INCREASE
1961 C	44,012	21,172	22,840	757	569	188
1962	44,705	21,505	23,200	797	569	228
1963	43,395	21,835	23,500	842	542	300
1964	46,085	22,165	22,165	891	540	351
1965	46,775	22,500	24,275	861	568	248
1966	47,465	22,830	24,635	780	564	216
1967	48,160	23,165	24,995	741	546	195
1968	48,840	23,490	25,350	752	656	96
1969	49,540	23,830	25,710	830	643	187
1970	50,230	24,160	26,070	794	616	178
1971 C	50,921	24,493	26,428	766	646	120
1972	51,465	24,755	26,710	790	576	214
1973	52,005	25,040	26,965	652	595	57
1974	52,550	25,330	27,220	679	610	69
1975	53,095	25,620	27,475	611	634	-23
1976 C	53,637	25,909	27,728	623	606	17
1977	54,270	26,210	28,060	587	617	-30
1978	54,320	26,235	28,085	582	567	15
1979	54,570	26,357	28,213	646	601	45
1980	53,390	25,740	27,650	622	571	51
1981 C	53,313	25,701	27,612	619	595	27
1982	53,300	25,720	27,580	589	630	-41
1983	53,300 ¥	25,720	27,580	660	661	-1
1984	53,300 ¥	25,720	27,580	596	581	15
1985	53,300 ¥	25,720	27,580	642	608	34

C Census Year

¥ No recalculation has been made since 1982 because of the small difference between births and deaths in these latter years.

The effect of immigration is a much more elusive factor to quantify and is not shown.

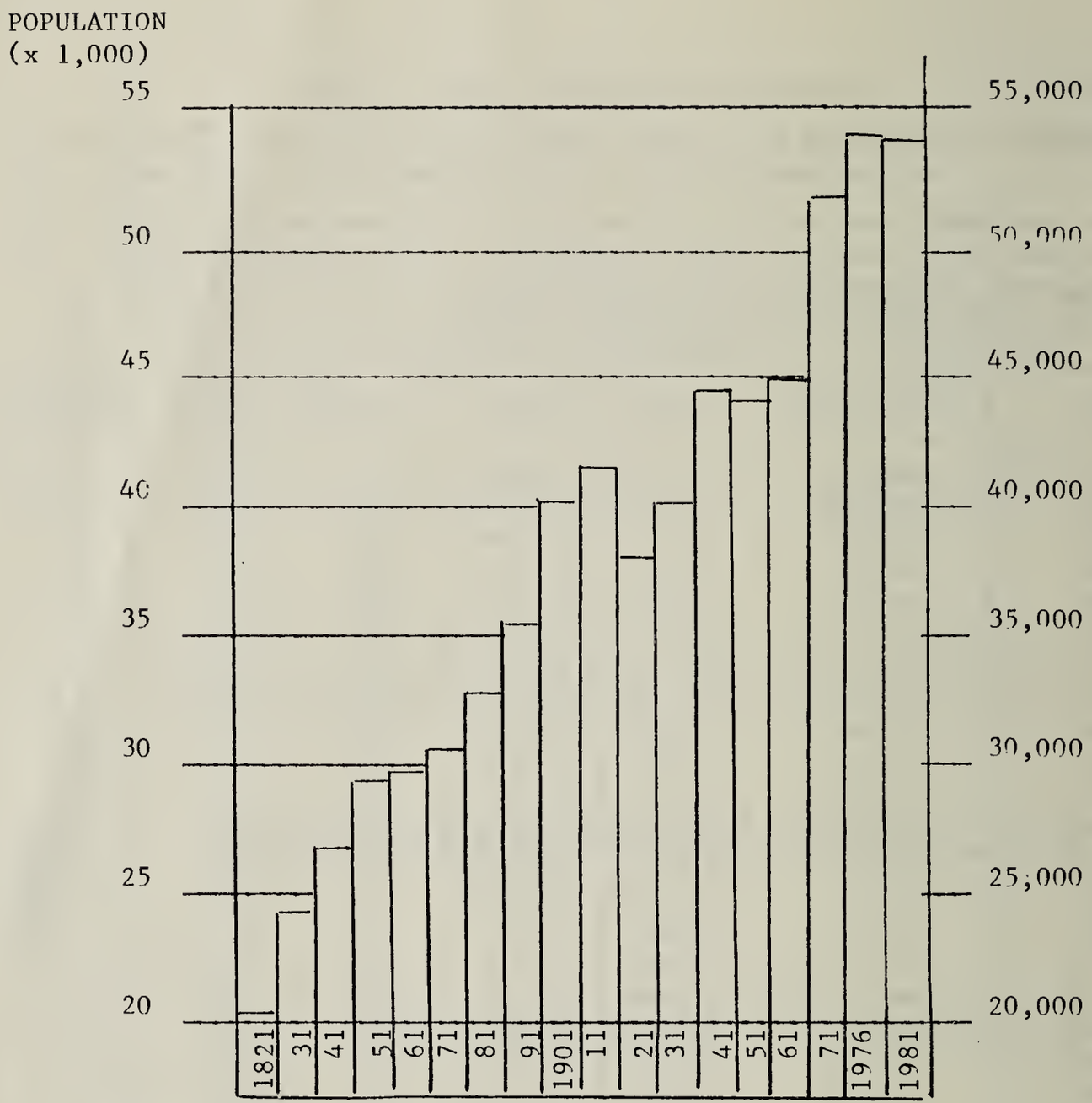


Fig: 1:5 CENSUS POPULATIONS 1821 to 1981 - GUERNSEY

	GUERNSEY	ALDERNEY	SARK	HERM	JETHOU	BAILIWICK
1821	20,302	1,154	488	28	9	21,981
1861	29,804	4,932	583	41	5	35,365
1911	41,823	2,561	579	33	2	44,998
1961	44,968	1,472	561	90	8	47,099
1971	51,351	1,686	590	96	11	53,734
1981	53,268	2,086	N/K	37	8	56,000 (est)

Table 1:6 CENSUS POPULATIONS 1821 - 1981 - BAILIWICK

GUERNSEY : SOME COMPARISONS OF AVERAGE AGE AT DEATH

Table 1:7

FEMALE DEATHS	1974	1979	1983	1984	1985
Guernsey	76.9	76.3	78.4	77.1	76.6
Jersey (mid 5 year average)	75	76	76	75	76
U.K.	74	75	75.2	75.5	-
MALE DEATHS					
Guernsey	66.3	68.9	71.5	71.1	71.5
Jersey (mid 5 year average)	68	68	70	71	70
U.K.	67.7	68.8	69.6	69.5	-
DIFFERENCE BETWEEN MALES AND FEMALES , IN YEARS					
Guernesy	10.6	7.4	6.9	6	5.1
Jersey	7	8	6	4	6
U.K.	6.3	6.2	5.6	6	-

Over the years the average age at death is an indicator of the expectation of life, and of the longevity of the population. However, the relatively small numbers can cause difficulty in deciding how significant changes are, compared year by year.

This trend does not differ markedly from that of Jersey, nor from that of the United Kingdom. In other words, if longevity is used as a measure of the "health" of the Islands, the figures indicate a satisfactory state of affairs. They are, however, a measure of quantity rather than quality. What is of interest, and of importance to planning care for the elderly, is the declining age gap between the average age at death of men and women. This means that on average, widows may need support and help for 5 years of their lives, when they may have to manage on their own, rather than for 10 years, as in 1974.

PREVENTIVE CHILD HEALTH

The aim of this service is to promote the health of children and to minimise disability, in the belief that a healthy child has a better chance of growing into a healthy adult

Four main approaches are used - Systematic screening for abnormalities, education about healthy living, advice on how best to use the health services and protection from specific illnesses by Immunisation.

Success depends on good team work, involving family doctors, health visitors, school nurses and the Senior Clinical Medical Officer.

The agreed schedule of procedures is given in the outline below to indicate how different members of the team work together. The preventive programme is carried out in the home, in surgeries, in Child Health Clinics, at Lukis House and in schools.

Screening: It is now generally accepted that most of the major physical abnormalites are detected in the first year of life. Thereafter, the important points to watch are the development of walking and of speech, and of the special senses of sight and hearing. Regular reviews of sight and hearing are the two most valuable screening measures needed after infancy. If the child is competently examined before the age of one year, little is to be gained by further full physical checks at frequent intervals. It is nevertheless vital that the service should respond promptly to an invitation to check a child whose development or behaviour does not seem normal. This combination of careful assessment in the first year of life, some routine screening thereafter, and response to referrals at any age is the current basic pattern of child health services.

Prevention Programme: Pre School

Ante natal care: Health Education and surveillance during the ante natal period is shared between Health Visitors, Midwives and doctors.

The perinatal period: Health Visitors take over their duties from the Midwives when a baby is 10 days old; they visit the mother, giving support and advice and encourage attendance at Child Health Clinics for screening and at doctor's surgeries for Immunisation. The family doctor carries out a physical examination of the new born infant as part of routine perinatal care.

Six Weeks: This should be followed with a second examination by a doctor at about six weeks of age. Health Visitors carry out periodic development checks throughout infancy as part of their surveillance during continued contacts with the family.

3 - 9 months; Routine primary immunisation against diphtheria, tetanus, whooping cough and polio should consist of three spaced doses of the vaccines at about 3,5 and 9 months of age.

8 months: Health Visitors carry out a developmental check on all babies at Lukis House; hearing is tested by the distraction method. If progress is in doubt, the baby is referred to the Senior Clinical Medical Officer for an opinion.

13 months: Vaccination against measles by the family doctor is recommended.

3 Years: Health Visitors carry out a developmental check including hearing and visual acuity and again refer problems to the Senior Clinical Medical Officer. The immune status is reviewed, parents are encouraged to finish incomplete programmes and in particular to accept vaccination against measles, if this has not been done. Parents are also encouraged to take their child to a Dentist for routine surveillance if they have not yet done so.

At School:

4 - 5 Years: At school entry, every child has a routine physical examination by the school doctor; the sight and hearing are tested. A skin test for tuberculosis is carried out by the school nurse, who also checks height and weight. Immunisation is reviewed, with encouragement to accept boosters against Diphtheria, Tetanus and Polio from the family doctor.

7 Years: The sight of all 7 year olds is checked.

10 Years: Hearing and Vision, including colour vision, is tested. A tuberculin skin test is carried out and negative reactors are vaccinated against TB. The school nurse checks height and weight.

11 Years: Girls are vaccinated against German Measles.

13 Years: Vision screening is carried out.

15 Years: Each individual's state of health is reviewed and those requiring physical examination are seen by the school doctor. Sight and hearing are checked. The school nurse checks height and weight. Girls who have missed Rubella vaccination are encouraged to have this done.

Health Visitors, school nurses and school doctors accept referrals from teachers or parents of any child of any age where there is concern about health or development. The action taken includes investigation of the problem, liaison with other professionals and in particular the family doctor, or referral for specialist help, as appropriate.

BIRTHS IN 1985 AND DEATHS IN THE FIRST YEAR OF LIFE

There were 642 live births in 1985 and 7 stillbirths.

There were 4 deaths of infants under a year old, 3 of which occurred in the first four weeks of life (neonatal deaths); these were all early neonatal deaths, in the first week.

Perinatal deaths are those deaths occurring before parturition and within one week afterwards, that is to say stillbirths and early neonatal deaths. There were ten perinatal deaths in 1985, giving a perinatal death rate of 15.4 per 1000 total births (live and still). These statistics compare favourably with those of England and Wales, and are about half the figures of ten years ago.

Statistics relating to births and infant deaths since 1959 are shown in Table 2.2 It must be remembered that when the number of deaths in a year reaches a very low figure, the death rates calculated from these figures may fluctuate widely from year to year. The neonatal death rate, for example, has fluctated from 1.7 to 12.8 in the last 10 years, but does not indicate a dramatic deterioration or improvement of services from one year to the next.

The number of small babies born has decreased from 9% to 6.5% of all births, and the number of teenage pregnancies has also fallen: both are important factors affecting infant mortality.

This table taken as a whole, is however a remarkable indication of the improvement in obstetric and perinatal care that has taken place over the past quarter century, and of the maintenance of a high standard of care.

It is salutory to remember that just over 50 years ago, in 1933, there were 9 maternal deaths, 30 stillbirths and 56 deaths of infants under 1 year of age, for a population three quarters of the present figure. The infant death rate was twelve times greater than today.

Table 2:1 COMPARISON OF INFANT DEATH RATES

	5 YEAR AVERAGES					
	1960 - 64	1965 - 69	1970 - 74	1975 - 79	1980 - 84	1985
Infant Death Rate	21.2	21.2	15.5	13.1	11.7	6.2
Neonatal Death Rate	16.5	16.8	11	8.5	8.5	4.7
Perinatal Death Rate	N/A	27.7	21.7	17.2	11.6	15.4

Table 2:2

STATISTICS RELATING TO BIRTHS AND INFANT DEATHS 1959 - 1985

	Live Births	Birth Rate	Male Live Births	Female Live Births	Stillbirths	Infant Deaths	Infant Death Rate	Neonatal Deaths	Neonatal Death Rate	Early Neonatal Deaths	Early Neonatal Death Rate	Perinatal Death Rate	Maternal Deaths
1959	709	16.1	385	324	14	14	19.7	10	14.1	-	-	-	0
1960	769	17.56	364	405	17	12	14.30	10	13.00	-	-	-	0
61	757	17.20	388	369	19	16	21.14	13	17.17	-	-	-	0
62	797	17.83	401	396	15	15	18.82	9	11.29	-	-	-	0
63	842	18.55	455	387	13	24	28.50	21	14.94	-	-	-	0
64	891	19.33	453	438	7	19	21.32	14	15.71	11	12.35	20.05	1
65	816	17.45	427	389	11	16	19.61	11	13.48	8	9.80	22.98	0
66	780	16.43	397	383	12	13	16.67	12	15.39	10	12.82	27.78	0
67	741	15.39	362	379	16	24	32.39	24	21.29	16	21.29	42.27	0
68	752	15.40	388	364	10	16	21.28	9	11.97	9	11.97	24.93	0
69	830	16.75	424	406	8	14	16.87	10	12.05	10	12.05	21.48	0
1970	794	15.81	393	401	7	13	16.37	10	12.59	10	12.59	21.22	0
71	766	15.04	385	381	12	10	13.06	8	10.44	7	9.14	24.42	0
72	790	15.35	414	376	7	14	17.72	9	11.39	7	8.86	17.57	0
73	652	12.54	351	301	8	11	16.87	8	12.27	8	12.27	24.24	0
74	679	12.92	344	335	10	9	13.26	6	8.84	5	7.36	21.77	1
75	611	11.51	311	300	10	9	14.73	8	13.09	6	9.82	25.76	0
76	623	11.62	326	297	7	9	14.45	8	12.84	8	12.84	23.81	0
77	587	10.82	315	272	3	5	8.52	1	1.70	1	1.70	6.78	0
78	582	10.71	298	284	6	9	15.46	4	6.87	4	6.87	17.01	0
79	646	11.84	328	318	3	8	12.38	5	7.74	5	7.74	12.33	0
1980	622	11.65	339	283	5	8	12.86	6	9.65	4	6.43	14.35	0
81	619	11.62	335	284	5	11	17.77	7	11.31	4	6.46	14.42	0
82	589	11.10	314	275	3	6	10.19	5	8.50	2	3.40	8.50	0
83	660	12.50	337	323	4	5	7.60	4	6.10	2	3.00	9.03	0
84	596	11.18	299	297	3	6	10.1	4	6.7	4	6.7	11.7	0
1985	642	12.0	338	304	7	4	6.2	3	4.7	3	4.7	15.4	0

Table 2:3 TOTAL LIVE BIRTHS (BY AGE OF MOTHER)

AGE-GROUP	MALE	FEMALE	TOTAL	%
15-19	16	27	43	6.7
20-24	83	70	153	23.8
25-29	129	116	245	38.2
30-34	75	70	145	22.6
35+	35	21	56	8.7
	338	304	642	100 %

Table 2:4

ILLEGITIMATE LIVE BIRTHS 1985 (BY AGE OF MOTHER)

	MALE	FEMALE	TOTAL	%
15-19	13	20	33	31.4
20-24	19	11	30	28.6
25-29	12	17	29	27.6
30-34	4	6	10	9.5
35+	2	1	3	2.9
	50	55	105	100 %

Teenage Pregnancies

There were 43 teenage pregnancies (6.7% of all births) compared with 48 last year. Over two thirds (77%) resulted in the birth of an illegitimate infant.

Thus 33 infants were born with the risk factors of illegitimacy, and a young and inexperienced parent, often single.

Twins

10 pairs were born in 1985, compared with three in 1984.

Table 2:5 LIVE BIRTHS CLASSIFIED BY BIRTH WEIGHT - LEGITIMATE AND ILLEGITIMATE - 1985

BIRTH WEIGHT GRAMMES	BABIES LEGITIMATE M	BABIES LEGITIMATE F	BABIES ILLEGITIMATE M	BABIES ILLEGITIMATE F
Under 501	-	-	-	-
501 - 1,000	-	-	-	-
1,001 - 1,500	1	-	-	1
1,501 - 2,000	3	7	-	2
2,001 - 2,500	9	15	2	2
2,501 - 3,000	36	52	17	13
3,001 - 3,500	105	109	19	17
3,501 - 4,000	103	61	7	15
4,001 - 4,500	26	5	3	5
4,501 - 5,000	4	-	2	-
OVER 5,000	1	-	-	-
TOTALS	288	249	50	55
	537		105	
Total live births	642			

6.5% of all infants born weighed less than 2.5Kgm at birth - (U.K. rate 7%)

INFANT IMMUNISATION

The number of infants eligible for immunisation (at risk from the disease) for each year of the table below is arrived at by deducting infant deaths and emigrants from births in that year and adding immigrant infants still requiring immunisation. "Protected" children are those who have had a complete primary course of immunisation.

Table: 2:6

Year	Infant Population at risk by year of birth	PROTECTED AGAINST							
		Diphtheria & Tetanus		Whooping Cough		Polio		Measles	
		No.	%	No.	%	No.	%	No.	%
1979	633	616	97.3	348	55.0				
1980	575	563	98.9	322	56.0				
1981	590	548	92.9	378	64.0	400	67.8	56	9.5
1982	592	442	80.7	401	73.1	378	58.6	162	23.9
1983	660	531	81.1	465	70.5	403	61.1	240	36.4
1984	609	418	68.6	369	60.6	326	53.5	224	36.8
1985	632	123*	19.5	114*	18.0	86*	13.1	-	-

* These figures are incomplete. Infants born in the last quarter of 1985 are only just commencing immunisation by the year's end.

Measles vaccination is offered in the second year of life; no children are vaccinated in the year of birth. Notification of vaccination started in 1983, so the total is an under estimate of the true position. Notification of vaccination against Polio is likewise very incomplete; this is being remedied.

Confidence in the value of vaccination against whooping cough is returning: the acceptance rate is steadily increasing and is now over 70%. It is of interest that on the mainland a decade ago, before the vaccination scares of the mid 70's, public health departments were regularly vaccinating over 95% of their infants, year in, year out. As a consequence they had virtually eliminated the disease. The last epidemic of whooping cough in Guernsey was during the winter months of 1982/83. No cases were notified in 1984 or in 1985.

The number of children protected against whooping cough are those who have had 3 doses of Triple Vaccine (DTPer/Vac).

Those protected against diphtheria and tetanus have either had a total of 3 doses of Triple Vaccine or Diph/Tet vaccine.

There is still considerable ambivalence amongst doctors about the value of measles vaccination, so the uptake remains patchy and epidemics continue. The pattern of measles epidemics is shown below:

1974 - 1292 cases
1977/78 - 740 cases
1980/81 - 740 cases
1982/83 - 329 cases
1985 - 140 cases

Table 2:7

ANNUAL STATISTICS FOR HEALTH VISITORS - 1985

		1985	1984
1)	Pre-school Visits: (6788 visits)		
	Primary 0-1	640	398
	Primary 1-5	44	44
	Re-visits 0-1	3172	2321
	Re-visits 1-5	2932	1388
2)	School Children: (83 visits)		
	Home visits	81	73
	School visits	2	3
3)	Visits to: (1,091 visits)		
	Families with problems	361	225
	The Elderly	408	73
	Physically Handicapped	15	16
	Mentally ill	14	12
	Ante-natal	98	92
	Hospitals	57	45
	Nursing Homes	1	5
	Playgroups	21	36
	Children's Ward Liaison	32	31
	Miscellaneous	84	138
4)	Infectious Diseases: (32 visits)		
	B.C.G. Programme:		
	M.P.T.	14	9
	B.C.G.	10	9
	Home visits	8	12
5)	Unsuccessful Visits: (no access)	682	815
6)	Clinics: (812 sessions)		
	Maternity bookings	206	107
	Developmental screening	387	322
	Child welfare	219	245

Table 2:7 contd

7) Health Education: (45 sessions)	1985	1984
Schools	9	4
Groups	6	7
Preparation sessions	7	31
Parentcraft	14	44
Relaxation	-	40
Post-natal	6	107
Film Evening	3	12
8) Meetings with: (443 sessions)		
Medical Officer of Health	9	68
School Medical Officer	10	24
Health Visitors	142	126
Group Practices	124	102
Community Nurses	18	6
Case Conferences	96	7
Other	44	44
9) Miscellaneous: (223 sessions)		
Clerical	132	208
Interviews at Lukis House	53	82
Evening and Weekend visits	25	12
Pupil Nurse Training	13	31

Table 2:8 CHILD HEALTH CLINICS - 1985

Number of clinics held and number of Children seen by Health Visitors at these Clinics.

	No. of Children seen				
	Clinics Held	Number 0 - 1	Average per Clinic	Number 1 - 5	Average per Clinic
Brock Road, St Peter Port	23	242	10	254	11
Cobo	50	1,401	28	469	9
Lukis House	50	1,281	26	343	7
L'Islet, St Sampson's	23	644	28	291	13
St Peter's	23	386	17	147	6
St Martin's	23	558	24	272	12
St Sampson's	22	477	22	163	7
Totals:	214	4,989	23	1,939	9

Total: 6,928 Children

1984 245 5,071 1,861

Total 6,932

Note: Clinics were discontinued at Wesley Church Hall, St Peter Port in December 1984.

HEALTH EDUCATION

Health Education is a vital component of all preventive Health Services.
It is much more than simply admonishing people to stop pleasurable activities such as smoking, or even indulging in eating or drinking. Nor is it particularly effective to confine activities to the periodic display of posters or pamphlets or the odd formal lecture. If Health Education is to be effective in changing people's behavior, it requires a degree of commitment, expertise, enthusiasm, and time which at present is not available, from any single member of staff. Health Education is the first part of Health Promotion, which takes Education one step further in organising changes in behaviour through an executive role. The appointment of a Health Education Officer is long overdue. A capable individual in this specialist field could make a real difference to progress in preventive work. The problem is that it is very difficult to provide hard factual evidence of the improvement that can be attributed to a successful service, and of effective returns for expenditure in the short term. The easy battles have been largely won - the prevention of infectious diseases, death in infancy and deaths of mothers. The difficult behavioural problems remain, and they will not be solved by simply paying lip service to the idea of prevention.

The Health Education Advisory Group (Chairman MOH: members-Director of Community Nursing, Warden of Teacher's Centre, Senior Nurse Tutor, Training School, Senior Clinical Psychologist. a General Practitioner and a Head of a Junior School) met regularly during the year and reinforced the view that a Health Education Officer is essential before any real progress can be made.

Close links with Health Education Services in Wessex were established : the MOH visited Southampton and the Isle of Wight to see their services and in July the Southampton team held a very successful Seminar in Guernsey at the Teacher's Centre for both teachers and health staff, and for members of the Education Council at the Board of Health.

However, at the year's end the problem of how to educate without an Educator remained the single most frustrating difficulty.

———"———

FAMILY PLANNING

The Guernsey Family Planning Association continued to provide a service which meets a very real need. Clinics are held on Wednesday evenings, at Lukis House. The Saturday morning clinics were discontinued because of staffing problems and falling attendances. The Clinic is available to the public both directly (for those unwilling initially to consult their own doctor) as well as to individuals referred by their doctor or Health Visitor.
There were 130 new attendances during the year, and a total of 902 attendances.

NON - ACCIDENTAL INJURY TO CHILDREN

The Guernsey Child Abuse Committee, consisting of the Children Officer, a Chief Inspector of Police, the Chief Inspector of the NSPCC, the Director of Community Nursing, the Deputy Director of Education and chaired by the Medical Officer of Health, met regularly to coordinate the management of new cases.

Guidelines were published and distributed to professionals working in this field, and an At Risk register was established. Mr Neil Todd, Director of the Manchester NSPCC Special Unit, conducted a very successful training seminar in Guernsey in May and the Child Abuse Committee followed this up with a visit to Manchester in November to study his unit in operation.

It has become very obvious that the effective prevention of injury involves a considerable amount of staff time.

Ways of coping with the problem have been devised now that its full extent in Guernsey has been appreciated. However, progress can only be made if sufficient funds are applied to this problem.

COMMUNITY NURSING SERVICES 1985

The service has slowly gone through a process of change throughout 1985; and aims set in 1984 for the service have been followed through.

District Nurse training will commence in Jersey in 1987. It was envisaged to have inter-Island District Nurse training in 1986, but the delay has been due to a Tutor being employed later than expected.

Primary Health care teams have extended from the St. Sampson's practice to all practices on the Island, and it is expected that in 1987 it will be possible to have the nurses attached to practices travelling Islandwide instead of, as at the moment, within the parish boundaries. This leads to good working relationships between Doctors and nurses and also ensures a team concept for patient care.

The Home Care Service for the terminally ill started in April 1984 and has been an invaluable service throughout 1985. With the service being utilised more within the year, extension to the establishment for the care of the terminally ill will be planned for in 1986.

Geriatric services for the Island are under constant review and in April 1985 two District Nursing Sisters were appointed to form a Geriatric Team to work in close liaison with the King Edward VII Hospital, to maintain a close link from Hospital to Home and to enable them to be aware as early as possible of the needs of the patient on his/her return to his/her own environment. This service will be expanded in the next few years:-

For a Tucker-in-Service between twilight hours; this will cater for the elderly person who does not necessarily need nursing care but requires help getting to bed and preparing for bed.

Within the next two years it is hoped to have a Home Care attendant service during the day time, not for people who need nursing care but for persons who do not have a relative who can help with getting the elderly person mobile for the day. This service is essential if more elderly people can be contained in their own environment longer than at the present time. Other services, like Meals on Wheels, and Home Help, will be of immense value and service to this type of patient.

The Health Visiting establishment has been increased in 1985 which allows more visiting time and indepth visiting than previously possible. One of the Health Visitors acts as a liaison person within the Hospital and Ambulance Station to monitor children who have had accidents in their own homes and the child's own Health Visitor can then visit and advise on safety in the home. This is a preventive measure to make parents more aware of safety measures that can apply to avoid accidents.

Health Education talks are on-going throughout the year by Health Visitors and School Nurses in Clinics and Schools.

The school nursing service has had an increase of a part-time nurse during term time only. This has enabled the present staff to take advantage of up-dating Courses in England and also to extend and plan for their own service future. In the future it is hoped to have a counselling clinic for enuretic children.

D Jackson

Mrs. D Jackson,
Director of Community Nursing.

Statistics

Table: 3.1

Community Nursing.

	1976	1983	1984	1985	% changes in 1985
General	23,184	49,872	49,468	47,647	- 3.7
Visits to 65 and over	18,680	42,507	41,996	39,622	- 5.6
% of visits to 65 and over	80.2	85.2	84.9	83.1	-
Twilight nursing visits	none	9,020	8,300	9,250	+ 11.4
Midwifery visits	1,961	3,989	3,623	none	-
Total visits excluding Midwifery visits	23,184	58,892	57,768	56,897	- 1.5
Overall total visits	25,145	62,881	61,391	56,897	- 7.32

Table 3:2

Patients

Patients Referred	1976	1982	1984	1985
New Referrals	N/K	548	671	667
Existing Patients	N/K	388	448	481
Totals	600	936	1,119	1,148

THE ELDERLY

It is estimated that there are 8500 individuals over 65 years of age living in Guernsey, of whom 3500 are over 75. This latter group in particular are those who may require extra services from Community nurses amongst other professionals. Possibly half those over retiring age and two thirds of the over 75's live alone.

The report by the working party on services for the elderly has been considered by the Board of Health and recommendations are now being implemented. It is intended that this working party should continue in being as a planning team concerned with continuing review of collaborative services.

The Geriatric Liaison Team, including staff from the King Edward V11 Hospital and Community Services, is working successfully in providing comprehensive care for the elderly.

Residential Homes

There are 9 registered homes offering 194 places. One new application for a licence was approved in 1985.

These homes,which are registered by the Board of Health, are regularly inspected by an Environmental Health Officer and by a member of the nursing staff. Guidelines for applicants intending to operate a Residential Home, have been approved by the Board of Health.

Nursing Homes

There are 2 registered nursing homes, with a total of 36 beds. As with residential homes they are registered by the Board of Health and inspected regularly.

TERMINAL CARE

The Board of Health established the full time post of Home Care Sister early in 1984.

During 1985 her work load increased rapidly, as the specialised help she provided became more widely requested and appreciated. There were 74 new referrals during the year; a total of 1,429 visits were made to a total of 93 patients. The number of patients who could be looked after at home rather than spending their final days in hospital rose from 46 to 63 - 38% of all those who suffered from cancer died at home.

Two beds in the Princess Elizabeth Hospital are reserved for Hospice type care. Five Syringe drivers are now in use as a means of providing continuous pain relief in the home as well hospital.

During 1985, 168 patients died from cancer, compared with 145 in 1984.

The Guernsey Society for Cancer Relief, set up towards the end of 1983, continued to play an active part in helping individuals in the Island.

MEDICAL ADVICE TO STATES DEPARTMENTS.

Civil Service Board

The system of pre-employment assessment of fitness for employment by questionnaire is working satisfactorily. Of 360 new entrants, 280 were assessed on the questionnaire alone, while 80 also required a medical examination.

Recommendations for early retirement on medical grounds were submitted for 17 individual employees, and for 6 teachers.

States Water Board

In view of the steady increase over the years of the average level of nitrates in the water supply, the evidence regarding potential harmful effects is kept under review. There is no good evidence of any risk to health from the present levels in water in Guernsey. The current EEC limit may be unnecessarily restrictive.

Motor Tax Department.

There were 20 consultations regarding medical aspects of fitness to drive.

Copies of the latest edition of the booklet "Medical Aspects of Fitness to Drive" were circulated to all doctors in November.

The control of drunken driving remains the single most urgent and important factor in preventing death and injury from road accidents.

Control of Dangerous Drugs

The import, export, production, supply and possession of certain powerful addictive drugs such as morphine and heroin, is controlled by law to prevent abuse and to ensure they are used only for prescribed treatment.

The Medical Officer of Health on behalf of the Board of Health, has a duty to inspect and sign import licences for Controlled Drugs.

Table: 4:1

Misuse of Drugs Law 1974

Importation licences for Controlled Drugs issued annually 1976 - 1985.

1976	40	(from June 1st only)
1977	80	
1978	89	
1979	82	
1980	87	
1981	117	
1982	112	
1983	117	
1984	118	
1985	132	

The increase in 1981 was due to development by a local pharmaceutical manufacturing business to include preparations containing controlled drugs.

There are now 9 Pharmacists who apply for licences for controlled drugs.

INFECTIOUS DISEASES

Measles

Epidemics have occurred in Guernsey in 1974, 1977/78, 1980/81, and 1982/83.

In 1985 the epidemic started in May and has continued into March 1986, with a total of 204 cases during this period. Repeated epidemics can be expected until vaccination against this disease becomes more widely accepted. The vaccine is now of proven efficiency with a low incidence of side effects. The disease remains unpleasant for most sufferers but it also causes serious complications in 15%. These are preventable illnesses.

Whooping Cough

No cases were notified. Provided a high level of vaccination is maintained, this happy state of affairs should continue.

Food Poisoning

In October it was reported that many guests had been ill following a lunch at a hotel. As a result of investigation, it was found that four staff, but none of 46 ill guests had been infected by Salmonella agona. The cause of this outbreak was not discovered. A letter was sent to all doctors asking for early notification of any case of suspected food poisoning. As a result, over the next two weeks a considerable number of patients, widely scattered over the Island, were found to be suffering from Salmonella food poisoning, all from the same species, Salmonella agona.

The outbreak of Salmonella agona food poisoning affected 31 individuals, and 19 other members of these 24 families were found to be carrying the same organism but had no symptoms.

Investigation by the Central Public Health Laboratory in London confirmed that the majority of the causative organisms were identical.

The large number of geographically scattered and apparently unconnected cases, with over a third asymptomatic, the generally mild nature of the illness, and the large number of children involved, pointed to a low infecting dose of organisms, most likely spread by milk. All those affected drank low fat milk. In Guernsey 40% of all liquid milk produced is low fat, so that the preponderance of this food in the affected families was highly significant.

In November a Veterinary Surgeon reported that he had received confirmation that a cow was infected with Salmonella agona. This cow was one of a herd of 63 cows in which 5 others had had Salmonella agona infection during the previous 8 months. This same organism was isolated from farm slurry, farm drains and the milk filter in the farm milking parlour.

It now seemed highly likely that the outbreak had been caused by salmonella surviving in one or more batches of heat treated milk in October.

As a result of this outbreak, procedures at the Dairy have been modified, and improvements to the physical environment of the Dairy are being carried out.

There were 56 other episodes of food poisoning during the year. Fortunately none were so extensive and so time consuming as this one.

Tuberculosis

It is often stated that tuberculosis used to be commoner in Guernsey than on the mainland. This is not true. The incidence was similar in both in the post war years, and there has been a similar decline since then.

This is shown by the average number of cases notified each year by decade:

1946	-	55	-	38 cases
1956	-	65	-	30 cases
1966	-	75	-	9 cases
1976	-	85	-	5 cases

This decline is due to a number of factors - better general health and diet, adequate search for and treatment of cases, protection of children by BCG vaccination, and Xray screening of at risk groups. As the number of cases dwindles, control depends more on early diagnosis and contact tracing than on expensive mass measures, such as routine chest Xray examinations, which are now being phased out.

There were 7 cases of pulmonary TB notified during the year, of which 3 were family contacts of a case discovered in December 1984.

AIDS

This disease is now a major problem in both the Western world and Africa. It is now a notifiable disease in Guernsey: no cases were notified in 1985. Nevertheless much time was spent ensuring the safety of the local blood transfusion service. Routine testing of donated blood for HTLV III antibodies is now carried out. Detailed information about this epidemic has been collected in order to advise safe procedures for the various public services (such as Police, Prisons and Ambulance) if and when a case is encountered. The current problems relate more to AIDS induced anxiety, rather than the disease.

Table 5:1

NOTIFICATIONS OF INFECTIOUS DISEASES

	1966	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85
Measles	1	1	1	-	-	-	-	-	1292	13	25	523	217	3	581	123	71	258	27	140
Whooping Cough	-	-	-	-	-	-	3	1	12	5	5	157	23	69	17	11	42	48	-	-
Food Poisoning	-	2	1	-	1	3	1	-	-	12	13	33	59	28	38	29	27	22	17	32
Dysentery	1	-	-	-	1	-	-	-	-	-	-	-	-	-	2	3	1	1	-	-
Paratyphoid Fever	-	-	-	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhoid	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
Scarlet Fever	-	-	1	-	-	-	2	1	3	11	1	3	8	5	2	9	3	4	-	1
Infective Jaundice	4	-	1	1	-	-	-	1	3	6	3	3	5	2	3	3	2	4	-	-
Leptospirosis	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-
Acute Encephalitis	-	-	-	-	-	6	-	-	-	-	-	-	1	1	-	-	-	-	-	-
Acute Meningitis	-	-	-	-	-	-	2	2	3	-	2	1	1	1	1	-	1	1	-	-
Malaria	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-
Tetanus	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-
Tuberculosis	16	11	10	7	8	9	3	3	8	5	9	8	8	2	3	5	4	3	1	7

Table 5:2

FOOD POISONING 1981 - 1985: Number of episodes

CAUSAL ORGANISM	Year 1981	1982	1983	1984	1985
Salmonella sp.	13	18	14	18	29
Campylobacter	*	*	1	16	11
Organism not identified	18	23	5	12	15
Other	*	*	*	*	2
Total No. of episodes	31	41	20	46	57
No. of food premises involved	11	19	7	1	11
No. of persons positive	26	23	29	34	100
No. of persons at risk	447	196	127	108	282

The figures include suspected and proven cases

*the gaps in the table are due to changes in methods of recording

Table 5:3

FOOD POISONING 1985: Episodes and Causes

CAUSAL ORGANISM	NO. OF EPISODES	NO. OF PERSONS AT RISK	NO. OF PERSONS POSITIVE	NO. OF FOOD PREMISES INVOLVED
Salmonella sp.	29	244	86	6
Campylobacter	11	12	12	Nil
Organism not identified	15	23	Nil	5
Other	2	3	2	Nil

Table 5:4

IMMUNISATIONS GIVEN BY THE COMMUNITY HEALTH DEPARTMENT

	1985	1984
B.C.G.	657	689
Rubella	330	310
Tetanus	-	6
Typhoid	-	1
	987	1,006

In Guernsey, infant immunisation is given by the family doctors and paid for by the Board of Health.

B.C.G. and Rubella is administered through the School Medical Services and the detailed breakdown is given in the Annual Report of the School Medical Officer for each academic year (not calender).

Rabies immunisation is offered only to volunteers among Customs Officers and certain Harbour staff.

Travellers are encouraged to arrange their protective immunisation with their own doctor, but advice about individual requirements is available from Lukis House.

SEXUALLY TRANSMITTED DISEASES CLINIC

Dr. J. E. Strickland has submitted the following Report:

Attendance figures for the year 1985

I have pleasure in presenting to you the figures for 1985.

In the Male Section the number of new cases were slightly up on 1984 - 126 compared with 115.

In the Female Section the numbers were less, 45 new cases compared to 53 in 1984.

It is interesting to note that the overall figures for acute gonorrhea were substantially less than in 1984.

The overall figures for cases of Non-Specific Urethritis were, however, greater - 49 this year compared to 36 in 1984.

A similar change in the incidence of these two conditions has been noted in the United Kingdom recently.

The customary lectures were given as in previous years.

Yours sincerely

J.E.T. Strickland
Venereologist.

SEXUALLY TRANSMITTED DISEASES CLINIC. - MALE PATIENTS - 1985

Table: 5:5

Total new cases: 126

Specific Conditions	Syphilis	Gonorrhoea	Non-specific Urethritis	Other sexually transmitted diseases	Miscellaneous Conditions	Total
Infection Contracted:						
between residents locally	-	7	21	-	-	28
between residents and non-residents locally	-	3	11	-	-	14
by residents outside the island	1	4	3	-	-	8
by non-residents outside the island	-	2	2	-	-	4
between non-residents locally	-	3	5	-	-	8
Totals	1	19	42	-	-	62
All Cases						
Status						
Residents	1	11	30	29	29	100
Visitors	-	-	1	1	3	5
Visiting Seamen	-	-	1	1	1	3
Imported labour	-	6	7	3	8	24
Others not classified above	-	2	3	2	5	12
Totals	1	19	42	36	46	144
All Cases						
Age Group						
Under 16	-	-	-	-	-	-
Age 16-19	-	1	11	8	11	31
Age 20-29	-	13	25	21	26	85
Age 30-39	-	1	4	5	6	16
Age 40 and over	1	4	2	2	3	12
All Ages	1	19	42	36	46	144

Total Attendances : 287

SEXUALLY TRANSMITTED DISEASES CLINIC. - FEMALE PATIENTS - 1985

Table: 5:6

Total new cases: 45

Specific Conditions	Syphilis	Gonorrhoea	Non-specific Urethritis	Other sexually transmitted diseases	Miscellaneous Conditions	Totals
Infection Contracted :						
between residents locally	-	3	3	-	-	6
between residents and non-residents locally	-	1	1	-	-	2
by residents outside the island	-	-	-	-	-	-
by non-residents outside the island	-	-	-	-	-	-
between non-residents locally	-	1	3	-	-	4
Totals	0	5	7	-	-	12
All cases						
Status						
Residents	-	3	3	14	8	28
Visitors	-	-	-	1	-	1
Visiting Seamen	-	-	-	-	-	-
Imported labour	-	1	3	11	6	21
Others not classified above	-	1	1	-	1	3
Totals	-	5	7	26	15	53
All Cases						
Age Group						
Under 16	-	-	-	2	1	3
Age 16-19	-	2	1	6	4	13
Age 20-29	-	2	6	16	8	32
Age 30-39	-	1	-	1	2	4
Age 40 and over	-	-	-	1	-	1
All ages	-	5	7	26	15	53

Total Attendances : 81

Table 5:7

SEXUALLY TRANSMITTED DISEASES CLINIC

	Cases			Total New Cases of			Attendances		
	Male	Female	Total	Syphilis	Gonorrhoea	NSU	Male	Female	Total
1972	211	40	251	1	90	95	1114	150	1264
1973	176	48	224	1	66	97	1003	183	1186
1974	194	65	259	3	90	93	974	227	1201
1975	190	83	273	18	81	89	898	321	1219
1976	172	62	234	6	70	43	899	186	1085
1977	146	43	189	0	35	41	322	93	415*
1978	132	37	169	1	32	28	330	82	412
1979	146	58	204	3	48	36	332	133	465
1980	158	56	214	2	49	40	337	97	434
1981	144	34	178	2	31	49	369	89	458
1982	132	45	177	0	36	35	243	77	320
1983	150	32	182	0	24	31	237	45	282
1984	115	53	168	2	53	36	265	112	377
1985	126	45	171	1	24	49	287	81	368

* In 1977 statistics were computed in a different way, so that the sudden drop in attendances only partly reflects the decrease in new cases and the marked drop in repeat visits due to changed therapeutic regimens.

In addition to those cases attending the Sexually Transmitted Diseases Clinic, 15 cases of gonococcal infection were confirmed by laboratory diagnosis, from patients attending family doctors.

THE WORK OF THE ENVIRONMENTAL HEALTH OFFICER

REPORT OF J. M. BAIRDS, CHIEF ENVIRONMENTAL HEALTH OFFICER, FOR THE YEAR 1985

The control of environmental hazards is the province of the Environmental Health Department: it is this department which is responsible for seeing that:

- Housing is safe and of an adequate standard and with a level of amenity generally considered to be essential.
- Food is safe and wholesome.
- Water is safe to drink.
- Sewage and refuse are disposed of safely and without annoyance.
- Noxious agents do not pollute the environment.
- Conditions at work and play are reasonable and healthy.
- Environmental causes of infectious diseases are prevented.

The Environmental Health Officer is an independent, highly specialised Officer, who has had a minimum of 3 years of training, and in the words of the WHO recommendation for Europe, "should exercise total surveillance over the Environmental Health of a District". He carries out his duties under 3 broad headings:-

i Responding to complaints from members of the public about things of environmental origin that they consider a health hazard or a nuisance, at any time of the day or night, by investigation, recording findings, and taking appropriate action.

ii Maintaining the expected standard of fitness of the environment by surveillance, based on the requirements of the law, accepted written guidelines and standards of practice, and public expectation. He works within a programme of inspection, using his local knowledge to allocate priorities, and uses persuasion or legal enforcement as necessary.

iii Carrying out Preventive work The Industrial revolution and the population explosion between them created tremendous environmental hazards through the overcrowding of people, and the proliferation of toxic materials. This in turn created the hazards of mass feeding and mass elimination of wastes - obvious, visible, physical hazards which are now largely controllable - but demand perpetual vigilance to remain controlled. The importance of the individual's behaviour is now recognised as the key to prevention.

If behaviour is to change, people have to be given the facts, shown there is a choice open to them, and encouraged to make a healthy choice. Governments can encourage a healthy choice through legislation, but at the end of the day an individual's health depends on what is done about changing habits, not what an official tells him should be done.

It is this preventive, educative, persuasive role which is relatively new, but vital. It is very time consuming, poorly appreciated and hard to quantify, but genuine health promotion depends on how well it is carried out. Environmental Health Officers do not have an option about prevention - if they are to work effectively, they must do this work. The alternative, of greatly increased policing of all activities, is beyond the resources of any Environmental Health establishment anywhere. A severe penalty for a detected offence is not the answer to the problem.

A total of 2891 complaints/requests were made to the environmental health officers during the year (an increase of 36% over 1984 and 48.5% over 1983).

Dealing with these complaints/requests, together with routine work, involved a total of 9135 inspections and visits being made by health officers.

In my report for 1984 I commented on the fact that only 12.5% of the estimated minimum routine inspections required were carried out due to the ever increasing demands on the staff.

It is with regret that I have to report that the routine inspections fell to 8.5% of the required rate during 1985, due to the unprecedented increase in the number of complaints. This is a clear indication of the consequences of failing to prevent problems arising through 'preventive maintenance'.

Discussions were taking place, towards the end of the year, with the Civil Service Board with respect to the appointment of an additional health officer. I see such an appointment as essential and hope that this post can be filled in 1986. If it is, it will be the first increase in establishment for over twenty years.

I am indebted to the environmental health officers for the loyalty they have shown during, what has turned out to be, the most difficult year yet.

The work of the section is basically divided into two main areas: general duties and food control. Details of the workload in each of these categories are as follows:

FOOD CONTROL SECTION

A total of 1267 complaints/requests were dealt with: an increase of 31% over 1984.

Details of the 4434 visits and inspections carried out are shown in Table 6:2

Food Complaints

A total of 131 complaints were received (117 in 1984, 107 in 1983) and all were dealt with without recourse to formal action.

Foodstuffs voluntarily surrendered during 1985 included

Fruit and vegetables	30,418 lbs
Meat - fresh/frozen	6,981 lbs
products	203 lbs
- tinned	2,324 lbs
Cheese and fats	4,707 lbs
Fish	221 lbs
Frozen foods	9,584 pkts
Miscellaneous	12,336 lbs

Food Poisoning

A total of 57 episodes of suspected food poisoning (including 32 cases notified by medical practitioners) were investigated by environmental health officers, involving a total of 1002 visits.

Investigations confirmed that of the 282 persons involved, 100 had contracted food poisoning, the majority from infection locally, (in 42 of the 57 episodes).

A major outbreak occurred in October, involving the States Dairy, when 50 persons contracted Salmonella agona: this incident is reported elsewhere in the Medical Officer's Annual Report.

Details of food poisoning investigations during the year are shown in Tables 5:2 and 5:3 on page 40.

Food and Water Sampling

Samples submitted for examination:

Bacteriological			Chemical		
Food	-	3	Food	-	17
Milk	-	6	Milk	-	11
Water	-	89	Cream	-	1
			Water	-	53
Total		98	Total		82

Samples submitted for chemical examination:

82 samples were taken during the year, as follows -

Food - 17
Milk - 11
Cream - 1
Water - 53

GENERAL SECTION

1624 complaints/requests were dealt with: an increase of 41% over 1984.

Details of the 4701 visits and inspections carried out in this section are shown in Table 6:1.

Rodent Control

1493 complaints or requests for treatment were received during the year (1579 in 1984, 1925 in 1983) and an additional 1728 follow-up treatments were carried out by the Rodent Control staff.

Details of treatments are as follows:-

	INITIAL			FOLLOWUP		
	1983	1984	1985	1983	1984	1985
Scheduled sector (domestic and States occupied premises)	731	659	647	871	821	748
Non Scheduled sector (commercial premises)	1,194	920	846	1,075	998	980
Totals	1,925	1,579	1,493	1,946	1,819	1,728

Over the past 3 years, the proportion of initial treatments in the scheduled sector has increased at the expense of the non scheduled sector, from 38% to 43%.

Table 6:1

STATISTICAL SUMMARY OF GENERAL INSPECTIONS AND VISITS

	1984	1985
Housing (Inspections)	700	884
Housing (Multiple Occupation)	1	-
Closing Orders Issued	5	6
Closing Orders Revoked	3	-
Housing (Overcrowding)	2	1
Hotel Staff Accommodation	21	2
Nursing/Residential Homes	51	36
Hospitals	1	3
Hairdressers	2	2
Workplaces	50	23
Schools	3	-
Ships	2	-
Camp Sites	6	10
Beaches	1	4
Public Conveniences	18	15
Swimming Pools	51	29
Atmospheric Nuisances	229	105
Atmospheric Observations	474	465
Noise Nuisances	63	49
Noise Observations	187	146
Refuse Accumulations	270	309
Controlled Tips	21	5
Verminous Premises	66	76
Disinfestations	2	-
Rodent Control	102	138
Fumigations	15	3
Non Public Health Pests	30	27
Water Supplies - Mains	61	81
Water Supplies - Private	119	62
Water Samples	88	142
Streams etc.	25	23
Drainage	474	539
Cesspits	44	93
Septic Tanks	-	1
Sewers	12	-
Drain Tests	6	15
Farms	6	5
Piggeries	14	-
Infectious Disease - Investigations	4	3
Infectious Disease - Other Visits	12	11
Health & Safety	8	10
Pharmacy & Poisons	1	-
Lectures (Health Education)	-	1
Plans Inspected	18	16
Visits with Other Departments	4	9
Alderney - Visits	5	-*
Herm - Visits	4	-*
Sark - Visits	-	-*
Non Classified Visits	894	946
Asbestos	53	382
Playgroups	-	10
Dogs	-	7
Feral Cats	-	7
Total	4285	4701

*included in FOOD CONTROL SECTION

Table 6:2

FOOD CONTROL: CLASSIFIED INSPECTIONS AND VISITS

	1984	1985
Hotels/Guest Houses	208	107
Self-Catering	9	4
Restaurants/Cafes/etc.	186	108
Take-away Food Premises	21	21
Canteens	-	1
School Catering	1	2
Hospital Catering	11	25
Outside Catering	7	4
Conference Catering	6	13
Bakeries	31	37
Confectioners (Bakery)	3	-
Breweries	4	-
Public Houses	10	3
Grocers	61	40
Greengrocers (Wholesale)	4	2
Confectioners (Ice Cream/Sweets etc.)	2	-
Butchers (Retail)	45	34
Butchers (Wholesale)	39	30
Fishmongers (Retail)	13	12
Fishmongers (Wholesale)	1	16
Fish and Chip Shops	10	17
Mobile Food Vehicles	19	51
Cinemas/Clubs	2	-
Wholesale/Storage Depots	23	12
Kiosks (Beach etc.)	28	12
Food Factories	13	9
States Markets	35	15
States Slaughterhouse	4	3
States Dairy	199	216
Milk Depots/Retailers	31	16
Milk Hygiene Investigations/Dairy Farms	590	382
Registrations (Food & Drugs)	2	-
Examination of Food	210	226
Food Surrender	229	317
Food Destruction (Supv)	244	276
Food Consumer Complaints	117	131
Food Complaint Visits	368	426
Susp. Food Poisoning Investigations	30	57
Susp. Food Poisoning Visits	248	1002
Port Health - Docks	213	161
Port Health - Airport	4	5
Plans Inspected (Food Premises)	56	35
Visits with other Departments	23	9
Lectures (Food Hygiene)	53	42
Alderney - Visits	10	22
Herm - Visits	7	8
Sark - Visits	2	10
Non Classified Visits	572	515
Total	4004	4434

Table 6:3

CERTAIN STATISICS RELATING TO HOUSING

Year	Priority Families	Eviction Cases	10+ Points	Under 10 Points	Dwellings Constructed	Families Housed	Dwellings in Course of Construction
1968	5	27	25	361	29	53	83
1969	7	23	10	335	59	109	297
1970	8	25	4	374	73	100	244
1971	4	10	1	303	183	194	61
1972	2	8	1	268	65	154	-
1973	1	8	-	268	-	74	-
1974	5	20	3	242	-	54	29
1975	2	18	-	272	36	51	103
1976	1	13	1	277	64	84	58
1977	2	11	-	260	46	104	-
1978	-	14	-	253	14	84	-
1979	2	24	-	282	-	78	65
1980	1	27	-	320	35	80	30
1981	3	30	3	223	-	79	7
1982	3	41	2	227	-	83	31
1983	6	19	-	179	10	82	-
1984	5	26	33	281	9	73	-
1985	5	29	86 *	142	5	60	-

I am indebted to the Secretary, States Housing Authority for the above data.

* Points system reviewed: additional points awarded for certain categories.

ALDERNEY - ANNUAL REPORT

Dr. D. A. S. Robertson, Assistant Medical Officer of Health in Alderney, has submitted the following report.

ANNUAL REPORT OF THE ASSISTANT MEDICAL OFFICER OF HEALTH ALDERNEY FOR 1985

The number of births was twenty five compared with eighteen in 1984 and 1983. Two were born in Alderney and twenty three in Guernsey. There was one still birth due to a road traffic accident. Sixteen were male and nine were female. There were no maternal deaths.

There were forty three deaths which was the same as in 1984, although 1983 was lower at twenty two. Three died in Guernsey.

There were fourteen marriages as compared with thirteen in 1984 and 1983.

Infectious Diseases:
Two cases of Measles
One case of Shigella Sonnei Dysentery
One case of Salmonella Typhimurium in an abscess.

Both the Shigella Sonnei and the Salmonella occurred in persons who had resided for periods of time in both the Jubilee Home and the Mignot Memorial Hospital. Thorough screening of staff and domiciliary attendants at both institutions was negative.

A persistent rumour that syphilis and gonorrhoea were rife during the summer visitor season was totally false, but it was necessary to issue a notice to this effect in the Journal to allay public anxiety.

There was a plague of the caterpillars of the brown tailed moth at the Saye Camp Site. These caterpillars are covered with highly irritant hair which render them resistant to pesticide sprays. They are a problem in many areas ofthe South Coast of England where they are eventually controlled by the natural cycle of increased predators. A determined effort was made to reduce their natural habitat of brambles by clearance and burning. It will be interesting to see if the problem is less in 1986.

St. Anne's School Report:
A total of twenty nine medical examinations were carried out and twenty seven BCG vaccinations were performed, including three who had not had BCG at previous schools. Two BCG vaccinations were refused by parents and one Tine Test was also refused by a parent. The single doubtful Tine Test had a normal chest x-ray.

Four children were referred to their own doctor for specific tests.

I am pleased to report that thirteen girls were immunised against Rubella which gave 100% cover for that cohort. Twelve school leavers were also given their booster Tetanus and Poliomyelitis immunisations.

Twenty incidents were recorded in the School Accident Book as well as minor bangs and grazes.

There were also the following visits:
Orthoptist in November 1984 and June 1985 for checks and screening.
Audiologist, one visit for screening.
Dentist, two visits for inspections.
School Nurse, twice yearly head check. "Tine" Testing and BCG immunisations.
Rubella immunisations.

Child Health Clinic:
Mrs. Jane Herivel has ably taken over as Health Visitor from Miss B. Salmon and the Baby Clinic was moved to the League of Friends room in the Mignot Memorial Hospital. It is held regularly on a Thursday afternoon whilst the family doctors are available to give immunisations and routine physical checks, as well as being available to advise the Health Visitor if the mothers are anxious about specific medical problems.

The infants attending the clinic during 1985 for immunisation and developmental checks totalled 24, including eight who also received Measles immunisation.

Environmental Health
The distribution of chilled and frozen food from the cargo boat to the shops has been greatly improved by planned pre-loading at Guernsey and the use of the insulated container which is directly loaded onto the distribution trucks. This improvement has been stimulated by the effort of the Environmental Health Officers from Guernsey.

There has been increasing control of the rat population at the Impot but further effort needs to be made by the island population as a whole by such simple measures as putting discarded foodstuffs into solid containers with tightly fitting lids, rather than in plastic sacks which can be easily penetrated by the rat.

The filter beds at Longy continue to give problems so that the stream running into Longy Bay continues to be polluted. The sewage pumping station behind the Diver's Inn and Sea View Hotel has given further trouble. The alarm system was not finally fitted until late in the year.

One hotel was inspected prior to being issued with a new Liquor Licence. Spot checks on premises continue to be made. The hotels and public houses on Alderney are more frequently inspected than those in Guernsey.

TheIsland was visited by part of Sir Douglas Black's Review Team which was looking at Arrangements for Health Care in Guernsey because the Board of Health is responsible for the Mignot Memorial Hospital. An appendix Report was made by Dr. W. J. E. McKee, M.A., M.D., F.F.C.M., the Regional Medical Officer from Wessex, in the full Report in March 1985. His report and the response of the Board of Health follows:

"ALDERNEY Annex H

The population of Alderney is too small to support even a limited range of 'specialist' services on the island. At best it can only provide what is, essentially, a primary care service backed up by a cottage hospital and occasional visits from specialists working in Guernsey.

The arrangements for the care of pregnant women are the best that can be achieved for an island with such a small number of deliveries. Antenatal care by the general practitioners should continue and the need for the appropriate qualifications should be a factor in the recruitment of doctors. Planned deliveries should not take place on Alderney. Appropriate arrangements should be made for women to travel to Guernsey in advance of the expected date of delivery. Contingency arrangements will have to be maintained for the occasional unplanned delivery on the island; the present range of facilities for this purpose at the Mignot Memorial Hospital will be required. In addition the hospital should continue to include on its staff, nurses who have qualifications in midwifery, but one or two should be sufficient.

Planned surgery other than for minor procedures under local anaesthetic, should go over to Guernsey. Nevertheless, because the island expects to be fogbound for several days each year it should retain its operating theatre as an emergency back-up facility. Recruitment of general practitioners to Alderney should, for this reason be planned to ensure the availability on the island of the essential skills for safe anaesthesia and surgery. With the policy of transfers which we have recommended, it will not be possible for local doctors to maintain these skills without occasional visits to main centres in Guernsey or the United Kingdom.

We have emphasised earlier in this report the importance of the Board of Health controlling the number and standards of medical appointments. Recruitment to Alderney will present special problems, and there are particular requirements mentioned above. The need for outside assessors from the Royal College of General Practitioners is no less important in Alderney than it is in Guernsey.

In summary, for its medical services, Alderney must have the support of the hospital and specialist services in Guernsey. The high cost of transport to Guernsey and to the United Kingdom, for all planned deliveries and most specialist services introduces an extra financial burden on the island. What is more the number of transfers for specialist care is likely to grow with the rise in public expectations from health care services. The

retention of standby facilities at the Mignot Memorial Hospital adds further to the high cost of Alderney's services. The financial arrangements between Alderney and Guernsey need to recognise these factors in order that a search for economies in Alderney does not impinge on the quality of health services available to its residents.

W. J. E. McKee, M.A., M.D., F.F.C.M."

Extract from the Report by the President of the Board of Health to the President of the States of Guernsey, October 1985.

"ALDERNEY

The Board of Health's involvement in Alderney is somewhat different from Guernsey as the buildings and the finance are provided by the States of Alderney. The Board of Health administers the service and employs the staff. The Review team's recommendations were therefore passed to the Alderney Health and Welfare Committee.

1. The Board of Health was pleased to have confirmation of its own view that facilities for surgery other than minor procedures under local anaesthetic are inadequate in Alderney and concurs with the advice given.

2. The Board of Health has noted all the advice it has received about the risks arising from deliveries in Alderney and has informed the Alderney doctors of the view that all patients should be delivered in Guernsey. Those patients who insist on being delivered in Alderney are required to sign a form that they remain in Alderney against advice and at their own risk.

3. At present the Board of Health has no involvement in the recruitment of medical practitioners to work in Alderney, but note has been taken of the Review Team's advice.

4. The Board of Health continues to have discussions with the Alderney authorities about the costs of running the Alderney service, which has all the problems earlier described about providing services in a small community. The Mignot Memorial Hospital because of its small size and isolated position is not a viable unit and is very uneconomic to run. A resident population of 2,000 people with a regular influx of visitors does however require some form of medical and hospital service to deal with emergencies which arise and to provide continuing care to those who want to remain near their homes and friends.

   The Board of Health is unable to find a way to reduce costs if a safe and effective hospital service is to be maintained in Alderney."

Special thanks are due to the Guernsey Environmental Health Officers for their help and advice on their regular visits.

My thanks are also due to Dr. Peter Lawrence for the advice given and also for enabling me to attend a two week course in Environmental Health which has been invaluable in helping to deal with the very varied problems that arise on the island.

Yours faithfully,

Struan Robertson,
Assistant Medical Officer of Health

ANALYSIS OF MORTALITY STATISTICS 1985

The accompanying tables give details of all deaths in Guernsey during 1985.

The average age at death was 71.5 for men and 76.6 for women - a difference of 5 years.

Nearly one in every 5 deaths occurred before retirement age and could be termed prematurely early.

The major causes of death remain	Heart attack and strokes	39%
	Cancer	27%
	Chest disease	14%

The major causes of cancer deaths differ between the sexes:

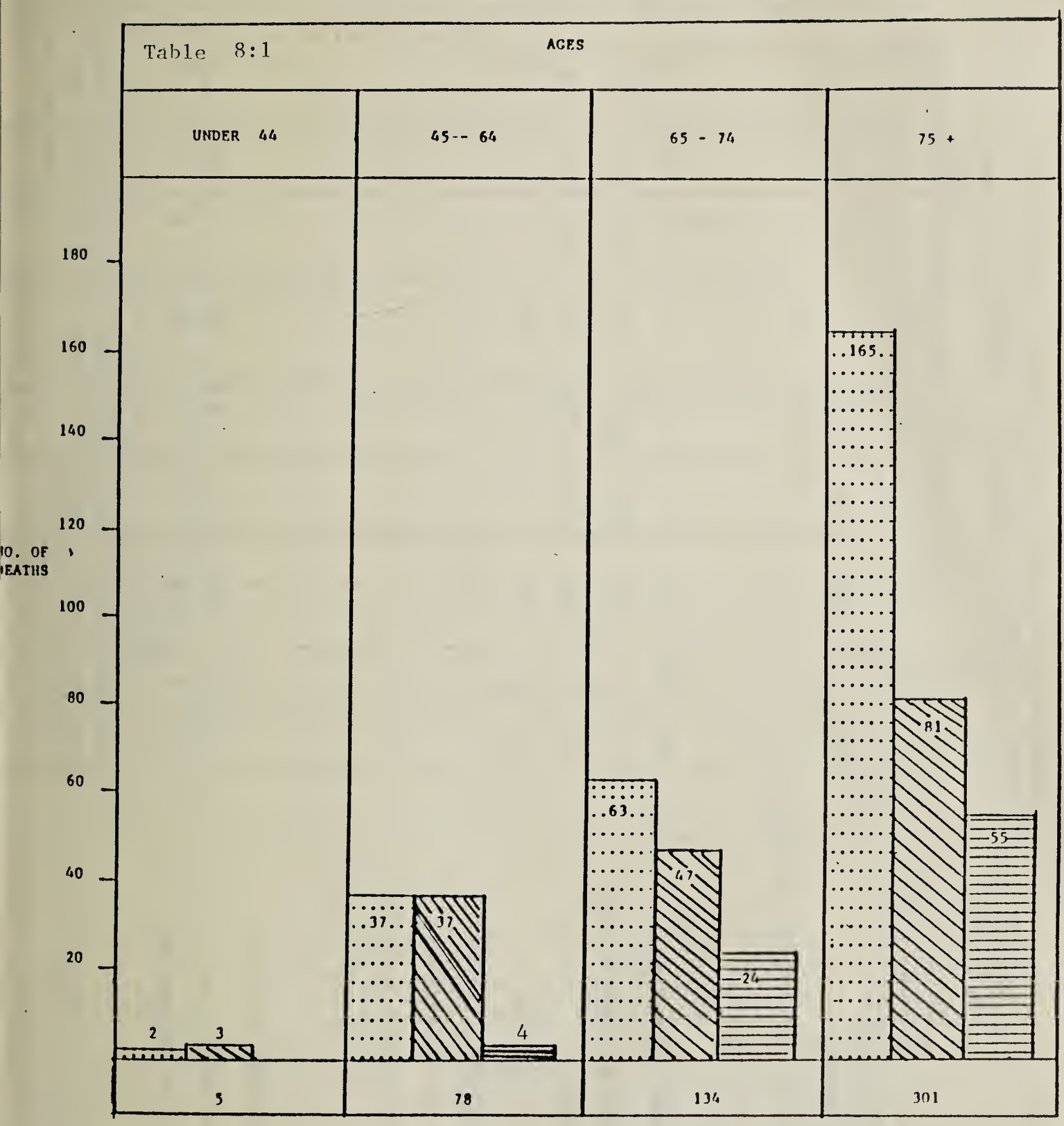
Men		Women	
Lung	35%	Lung	20%
Bowel	10%	Bowel	8%
Prostate	11%	Breast	24%
All other sites	44%	All other sites	48%

A fifth of cancer deaths (37) occurred in the 45-64 age group. In women, deaths from cancer of the breast increased from 14% to 24%; seven of the seventeen deaths from this cause were over 75 years of age. Tumours of the lung continue to be the largest cause of cancer deaths in Guernsey, (28% of all cancer deaths) and the largest preventable group. The numbers in both sexes continue to rise inexorably, but faster in women than in men.

The steady increase over the past 20 years of deaths due to all forms of cancer is attributed to the increasing longevity of the population.

Cremations were carried out in just under half the deaths, 284 residents (46.7% of the total). There has been a steady increase in this proportion over the past 15 years.

PRINCIPAL CAUSES OF PREMATURE DEATH IN GUERNSEY



GROUP VII CIRCULATORY SYSTEM (STROKES,HEART DISEASE)-TOTAL 267 DEATHS

GROUP II CANCERS - TOTAL 168 DEATHS

GROUP VIII RESPIRATORY DISEASES - TOTAL 83 DEATHS

OF THE YEAR'S TOTAL OF 608 DEATHS, 518 WERE IN THESE THREE GROUPS OF CAUSES

Table 8:2

DEATHS - CLASSIFIED BY CAUSE AND SEX, 1983 - 1985

GROUP		1983			1984			1985		
		M	F	Total	M	F	Total	M	F	Total
I	Infectious and parasites:	-	1	1	-	1	1	2	1	3
II	Cancer and new growths	81	74	155	86	59	145	97	71	168
III	Endocrine, metabolic and immune diseases:	4	1	5	1	2	3	-	1	1
IV	Anaemias:	-	-	-	-	-	-	1	-	1
V	Mental disorders:	3	3	6	1	-	1	3	3	6
VI	Nervous and sensory disorders:	10	10	20	2	7	9	7	2	9
VII	Heart and circulatory diseases:	141	154	295	124	133	257	140	127	267
VIII	Respiratory diseases:	49	61	110	38	52	90	43	40	83
IX	Digestive system diseases:	12	10	22	16	10	26	13	9	22
X	Genitourinary diseases:	7	4	11	2	7	9	12	1	13
XI	Complications of childbearing:	-	-	-	-	-	-	-	-	-
XII	Skin conditions:	-	-	-	-	-	-	-	1	1
XIII	Diseases of bone, muscles and joints:	-	1	1	-	1	1	-	-	-
XIV	Congenital anomalies:	-	1	1	-	1	1	-	-	-
XV	Diseases of foetus and newborn:	2	1	3	3	1	4	3	-	3
XVI	Ill-defined conditions:	3	10	13	4	10	14	2	10	12
XVIII	Accident, injury and poisoning:	12	6	18	13	7	20	8	11	19
		324	337	661	290	291	581	331	277	608

GUERNSEY - Deaths by I.C.D. Codes and age-groups 1985

Table 8:3 CAUSE OF DEATH	Total all ages		Total all ages	Age under 1		Age 5 -14		Age 15-24		Age 25-44		Age 45-64		Age 65-74		Age 75	
	M	F		M	F	M	F	M	F	M	F	M	F	M	F	M	F
GROUP 1 Infectious and Parasitic Diseases	2	1	3	-	-	-	-	-	-	-	-	1	-	1	-	-	1
GROUP 11 Neoplasms	97	71	168	-	-	-	-	1	-	2	-	16	21	34	13	44	37
GROUP 111 Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders	-	1	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-
GROUP 1V Diseases of Blood and Blood-Forming Organs	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-
GROUP V Mental Disorders	3	3	6	-	-	-	-	-	-	1	-	-	-	1	-	1	3
GROUP V1 Diseases of the Nervous System and Sense Organs	7	2	9	-	-	-	-	2	-	-	-	3	-	1	2	1	-
GROUP V11 Diseases of the Circulatory System	140	127	267	-	-	-	-	-	-	2	-	27	10	39	24	72	93
GROUP V111 Diseases of the Respiratory System	43	40	83	-	-	-	-	-	-	-	-	3	1	15	9	25	30
GROUP 1X Diseases of the Digestive System	13	9	22	-	-	-	-	-	-	-	1	3	3	7	2	3	3
GROUP X Diseases of the Genitourinary System	12	1	13	-	-	-	-	-	-	-	-	-	-	2	-	10	1
carried foreward	318	255	573	-	-	-	-	3	-	5	1	53	36	100	50	157	168

GUERNSEY - Deaths by I.C.D. Codes and age-groups 1985

Table 8:3 contd

CAUSE OF DEATH	Total all ages M	Total all ages F	Total all ages	Age under 1 M	Age under 1 F	Age 5-14 M	Age 5-14 F	Age 15-24 M	Age 15-24 F	Age 25-44 M	Age 25-44 F	Age 45-64 M	Age 45-64 F	Age 65-74 M	Age 65-74 F	Age 75 M	Age 75 F
brought foreward	318	255	573	-	-	-	-	3	-	5	1	53	36	100	50	157	168
GROUP X11 Diseases of the Skin and Subcutaneous Tissue	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1
GROUP XV Certain Conditions Originating in the Perinatal Period	3	-	3	3	-	-	-	-	-	-	-	-	-	-	-	-	-
GROUP XV1 Symptoms, Signs and I11-Defined Conditions	2	10	12	1	-	-	-	-	-	-	-	-	-	-	-	1	10
GROUP XV11 Injury and Poisoning	8	11	19	-	-	-	1	3	1	-	2	1	5	-	-	4	2
Totals:	331	277	608	4	-	-	1	6	1	5	3	54	41	100	50	162	181

Table 8:4

GROUP V11 - DISEASES OF THE CIRCULATORY SYSTEM

DEATH FROM HYPERTENSION, "CORONARIES" AND "STROKES" 1980 - 1985

I.C.D. Codes	Cause of Death	1980 M	1980 F	1981 M	1981 F	1982 M	1982 F	1983 M	1983 F	1984 M	1984 F	Average 80 - 84 M	Average 80 - 84 F	1985 M	1985 F
400 - 404	Hypertensive heart disease ("Blood Pressure")	3	8	11	6	12	5	9	10	2	7	7	7	5	6
410 - 414	Ischaemic heart disease ("Coronaries")	67	56	86	53	65	51	75	63	78	50	74	55	75	59
430 - 438	Cerbrovascular disease ("Strokes")	24	56	27	43	23	48	25	44	15	40	23	46	27	36
ALL GROUP V11 CODES		118	144	157	138	137	148	141	154	124	133	135	143	140	127

Table 8:5 GROUP V111 - DISEASES OF THE RESPIRATORY SYSTEM - 1980-1985

I.C.D. Codes	Cause of Death	1980		1981		1982		1983		1984		Average 80 - 84		1985	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
485	Bronchopneumonia, unspecified	13	12	14	15	22	23	15	29	19	30	17	22	16	25
487	Influenza	1	-	-	2	-	2	3	9	-	3	-	3	1	2
491 - 492	Chronic bronchitis and emphysema	10	4	13	3	13	2	15	4	13	3	13	3	14	6
ALL GROUP V111 CODES		48	37	34	33	46	34	49	61	38	52	43	43	43	40

Table: 8:6

DEATHS DUE TO SOME VIOLENT OR ACCIDENTAL CAUSES 1980 - 1985

B.T.L Codes	CAUSE OF DEATH	1980		1981		1982		1983		1984		1985		I.C.D. Codes
		M	F	M	F	M	F	M	F	M	F	M	F	
E471	Motor vehicle traffic accident	-	-	3	-	3	2	3	1	3	1	2	3	E810 - 819
E473	Water transport accidents	-	-	-	-	-	-	-	-	-	-	-	-	E830 - 838
E48	Accidental poisoning	2	-	1	-	2	1	-	2	1	-	-	-	E850 - 869
E50	Accidental falls	-	1	1	-	1	3	2	-	1	4	-	-	E880 - 885
E521	Accidental drowning and submersion	-	-	-	-	-	1	1	-	2	-	-	1	E910
E54	Suicide and self-inflicted injury	3	5	3	4	3	4	2	1	3	1	2	3	E950 - 959
E560	Injury undetermined whether accidentally or purposely inflicted	-	1	2	-	-	1	-	-	-	-	1	-	E980 - 989
	Totals:	5	7	10	4	9	12	8	4	10	6	5	7	

Table 8:7 GROUP 11 - NEOPLASMS - SOME CANCERS - 1980 - 1985

I.C.D. Codes	Cause of Death	1980		1981		1982		1983		1984		Average 80 - 84		1985	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
150	Malignant neoplasm of oesophagus	1	3	4	1	3	2	3	3	1	4	2	3	3	3
151	Malignant neoplasm of stomach	6	4	5	4	10	12	6	7	4	3	6	6	7	3
152-154	Malignant neoplasm of intestine (including rectum)	6	13	9	12	9	10	12	12	12	10	10	11	10	6
157	Malignant neoplasm of pancreas	7	3	4	1	2	4	5	3	5	3	5	3	3	2
162	Malignant neoplasm of trachea, bronchus and lung	19	11	25	8	29	10	27	11	34	10	27	10	34	14
174	Malignant neoplasm of breast	-	13	-	12	-	10	-	11	-	8	-	11	-	17
180-183	Malignant neoplasm of uterus, cervix and andexae	-	10	-	6	-	4	-	5	-	3	-	6	-	5
185	Malignant neoplasm of prostate	7	-	6	-	5	-	10	-	11	-	8	-	11	-
204-207	Leukaemia	1	3	-	2	1	-	-	2	1	1	1	2	2	2
TOTALS		72	74	78	58	76	67	81	74	86	59	78	66	97	71
ALL CANCER DEATHS		146		136		143		155		145		145		168	

NOTE: The figures at the foot of each column are not totals of the figures above but the total of all cancer deaths at all ages for the year given.

Table 8:8

MORTALITY - CANCER (ALL FORMS) 1961-1985

Death by year and sex, rates per thousand resident population

Year	PERSONS		MALE		FEMALE	
	Deaths	Rate/1,000	Deaths	Rate/1,000	Deaths	Rate/1,000
1961	98	2.23	40	1.89	58	2.54
62	117	2.62	62	2.88	55	2.37
63	100	2.20	60	2.75	40	1.70
64	100	2.17	51	2.30	49	2.05
65	104	1.22	65	2.89	39	1.61
66	127	1.68	72	3.15	55	2.23
67	114	2.37	68	2.94	46	1.84
68	124	2.54	69	2.94	55	2.17
69	121	2.44	63	2.64	58	2.26
1970	91	1.81	59	2.44	32	1.23
71	149	2.93	88	3.59	61	2.31
72	131	2.55	74	2.99	57	2.13
73	129	2.48	65	2.60	64	2.37
74	137	2.61	69	2.72	68	2.50
75	142	2.67	77	3.01	65	2.37
76	139	2.60	70	2.70	69	2.49
77	158	2.91	98	3.74	60	2.14
78	131	2.41	71	2.71	60	2.14
79	129	2.36	65	2.47	64	2.37
1980	147	2.75	72	2.80	75	2.71
81	136	2.55	78	3.03	58	2.10
82	143	2.68	76	2 95	67	2.43
83	155	2.90	81	3.15	74	2.68
84	145	2.7	86	3.34	59	2.14
85	168	3.2	97	3.77	71	2.57

Table: 8:9

MORTALITY - CANCER OF TRACHEA, BRONCHUS AND LUNG - 1965-1985

Guernsey deaths and rates per million resident population, compared with rates per million published for England and Wales, (England and Wales data from O.P.C.S. Quarterly publication "Population Trends").

(Rate/M = Rate per Million)

	PERSONS			MALE			FEMALE		
	Deaths	Rate/M Guernsey	Rate/M E & W	Deaths	Rate/M Guernsey	Rate/M E & W	Deaths	Rate/M Guernsey	Rate/M E & W
1965	22	470	563	22	978	958	0	-	168
66	29	611	573	20	876	969	9	365	178
67	26	540	596	24	1,036	1,003	2	80	189
68	21	430	606	18	766	1,015	3	118	198
69	23	464	622	20	839	1,043	3	117	202
70	20	398	631	18	745	1,049	2	77	214
71	39	766	637	36	1,470	1,052	3	114	222
72	37	719	642	31	1,252	1,074	6	225	233
73	32	615	651	26	1,038	1,082	6	223	242
74	30	571	668	22	869	1,099	8	294	260
1975	32	603	665	25	976	1,084	7	255	267
76	28	522	678	22	849	1,103	6	216	274
77	40	737	687	34	1,297	1,109	6	214	287
78	34	626	695	28	1,067	1,112	6	214	299
79	37	678	702	30	1,138	1,113	7	248	312
80	30	562	709	19	738	1,109	11	398	330
81	33	619	700	25	973	1,088	8	290	331
82	39	732	702	29	1,128	1,075	10	363	348
83	38	713	716	27	1,050	1,096	11	399	356
84	44	825	708	34	1,322	1,067	10	362	373
1985	48	901	705	34	1,322	1,053	14	508	375
Ten year Averages									
1965 - 74	28	558	619	24	987	1,034	4	161	211
1975 - 84	35	661	696	27	1,054	1,096	8	296	318
% Increase		+18%	+12%		+7%	+6%		+84%	+51%

Table 8:10

MORTALITY - CANCER OF BREAST - GUERNSEY WOMEN 1976 - 1985
By age groupings, with rates and mainland comparisons.

Year	Under 40	40 - 59	60 and over	Total	Rate per 100,000	
					Guernsey	England & Wales
1976	-	4	5	9	32.6	46.4
1977	-	5	7	12	42.8	46.6
1978	-	1	9	10	35.6	47.0
1979	1	2	6	9	31.9	47.6
1980	-	1	12	13	47.0	47.8
1981	2	3	7	12	43.4	49.1
1982	1	3	6	10	36.3	48.7
1983	-	2	9	11	39.9	49.7
1984	-	3	5	8	29.0	51.9
1985	-	2	15	17	61.6	52 8 *

Note: * England & Wales provisional figure

Five year average rates 1981 - 1985

Guernsey	42.04	per 100,000 females
England & Wales	50.44	per 100,000 females

Table 8:11 Guernsey - Deaths by I.C.D. 3-figure codes and age groups 1985

I.C.D. CODE NO	CAUSE OF DEATH	TOTAL		UNDER 1		Age 1-4		Age 5-14		Age 15-24		Age 25-44		Age 45-64		Age 65-74		Age 75+	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	GROUP 1																		
	Infectious and Parasitic Diseases																		
009	Ill-defined intestinal infection	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-
038	Other salmonella infection	1	1	-	-	-	-	-	-	-	-	-	-			1	-	-	1
	Totals:Group 1.	2	1	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	1
	GROUP 11																		
	Neoplasms																		
147	Malignant, nasopharynx	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-
149	Malignant, other ill-defined sites within the lip,oral cavity and pharynx	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
150	Malignant, oesophagus	3	3	-	-	-	-	-	-	-	-	-	-	1	1	1	-	1	2
151	Malignant, stomach	7	3	-	-	-	-	-	-	-	-	-	-	1	-	2	-	4	3
153	Malignant, colon	8	4	-	-	-	-	-	-	-	-	-	-	1	1	1	-	6	3
154	Malignant,rectum,rectosigmoid junction	2	2	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	2
155	Malignant, liver and intrahepatic bile ducts	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-
156	Malignant, gallbladder and extrahepatic bile ducts	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-
157	Malignant, pancreas	3	2	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1	2
159	Malignant, digestive organs and peritoneum	-	2	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1
160	Malignant, middle ear and sinuses	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
161	Malignant, Larynx	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
	Carried forward	28	18	-	-	-	-	-	-	-	-	1	-	5	3	7	1	15	14

Table 8:11 contd Guernsey - Deaths by I.C.D. 3-figure codes and age groups 1985

I.C.D. CODE NO.	CAUSE OF DEATHS	Total		Under 1		Age 1 - 4		Age 5 - 14		Age 15 - 24		Age 25 - 44		Age 45 -64		Age 65 - 74		Age 75 +	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	Brought forward	28	18	-	-	-	-	-	-	-	-	1	-	5	3	3	1	15	14
	GROUP 11 Cont'd																		
162	Malignant, trachea, bronchus and lung	34	14	-	-	-	-	-	-	-	-	-	-	8	6	16	3	10	5
163	Malignant, pleura	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-
170	Malignant, bone and cartilage	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
172	Malihnant, melanoma of skin	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
174	Malignant, female breast	-	17	-	-	-	-	-	-	-	-	-	-	-	5	-	5	-	7
179	Malignant, uterus	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
180	Malignant, cervix uteri	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
183	Malignant, ovary and uterine adnexae	-	4	-	-	-	-	-	-	-	-	-	-	-	3	-	-	-	1
185	Malignant, prostate	11	-	-	-	-	-	-	-	-	-	-	-	-	-	4	-	7	-
188	Malignant, bladder	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
189	Malignant, kidney and other urinary organs	2	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-
190	Malignant, eye	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
191	Malignant, brain	2	3	-	-	-	-	-	-	-	-	-	-	-	1	1	2	1	-
193	Malignant, thyroid gland	1	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-
199	Malignant, site unspecified	9	6	-	-	-	-	-	-	-	-	-	-	2	1	2	2	5	3
202	Other malignant neoplasm of Lymphoid tissue	3	1	-	-	-	-	-	-	-	-	-	-	1	1	-	-	2	-
203	Multiple myeloma and immunoproliferative neoplasms	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
204	Lymphoid leukaemia	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
205	Myeloid leukaemia	-	1	-	-	-	-	-	-	1	-	-	-	-	-	1	-	-	1
	Totals: GROUP 11	97	71	-	-	-	-	-	-	1	-	2	-	16	21	34	13	44	37

Table 8:11 contd Guernsey - Deaths by I.C.D. 3-figure codes and age groups 1985

I.C.D. CODE NO.	CAUSE OF DEATHS	Total		Under 1		Age 1 - 4		Age 5 - 14		Age 15 - 24		Age 25 - 44		Age 45 -64		Age 65 - 74		Age 75 +	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	GROUP 111 Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders																		
262	Other severe protein-calorie malutrition	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-
	Totals: GROUP 111	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-
	GROUP 1V Disease of Blood and Blood-forming Organs																		
281	Other deficiency anemia	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
	Totals: GROUP 1V	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
	GROUP V Mental Disorders																		
290	Senile dementia	1	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	3
291	Alcoholic psychoses	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
303	Alcohol dependance syndrome	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-
	Totals: GROUP V	3	3	-	-	-	-	-	-	-	-	1	-	-	-	1	-	1	3

Table 8:11 contd. Guernsey - Deaths by I.C.D. 3-figure codes and age groups 1985

I.C.D. CODE NO.	CAUSE OF DEATHS	Total		Under 1		Age 1 - 4		Age 5 - 14		Age 15 - 24		Age 25 - 44		Age 45 -64		Age 65 - 74		Age 75 +	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	F	F
	GROUP V1 Diseases of the Nervous System and Sense Organs																		
331	Other cerebral degeneration	2	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-
332	Parkinson's disease	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-
335	Anterior horn cell disease	1	1	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-
340	Multiple sclerosis	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-
345	Epilepsy	2	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-
359	Muscular dystrophies and other myopathies	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-
	Totals: GROUP V1	7	2	-	-	-	-	-	-	2	-	-	-	3	-	1	2	1	-
	GROUP V11 Diseases of the Circulatory System																		
395	Rheumatic disease, aortic valve	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-
402	Hypertensive heart disease	5	4	-	-	-	-	-	-	-	-	-	-	1	-	1	2	3	2
403	Hypertensive renal disease	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
410	Acut myocardial infarction	56	38	-	-	-	-	-	-	-	-	-	-	17	4	13	11	26	23
411	Other acute, subacute, cardiac ischaemia	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
414	Other chronic cardiac ischaemia	19	20	-	-	-	-	-	-	-	-	-	-	1	1	6	3	12	16
415	Acute pulmonary heart disease	3	4	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1	4
	Carried forward	84	69	-	-	-	-	-	-	-	-	-	-	21	5	21	16	42	48

Table 8:11contd Guernsey - Deaths by I.C.D. 3-figure codes and age groups 1985

I.C.D. CODE NO	CAUSE OF DEATH	TOTAL		UNDER 1		Age 1-4		Age 5-14		Age 15-24		Age 25-44		Age 45-64		Age 65-74		Age 75+	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	Brought forward	84	69	-	-	-	-	-	-	-	-	-	-	21	5	21	16	42	48
	GROUP V11 Cont'd																		
416	Chronic pulmonary heart disease	6	-	-	-	-	-	-	-	-	-	-	-	2	-	2	-	2	-
425	Cardiomyopathy	2	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-
427	Cardiac dysrhythmias	1	2	-	-	-	-	-	-	-	-	-	-	-	1	1	1	-	-
428	Heart failure	11	12	-	-	-	-	-	-	-	-	-	-	1	-	-	2	10	10
429	Heart disease, ill-defined	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2
430	Subarachnoid haemorrhage	1	1	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-
431	Intracerebral haemorrhage	3	5	-	-	-	-	-	-	-	-	-	-	1	2	1	1	1	2
434	Cerebral arterial occlusion	6	10	-	-	-	-	-	-	-	-	-	-	-	-	-	1	6	9
436	Cerebrovascular disease, acute, ill-defined	13	16	-	-	-	-	-	-	-	-	-	-	1	1	7	3	5	12
437	Cerebrovascular disease ill-defined	1	4	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	4
438	Late effects of cerebrovascular disease	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-
440	Atherosclerosis	1	3	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	3
441	Aortic aneurysm	6	1	-	-	-	-	-	-	-	-	-	-	1	-	3	-	2	1
443	Other peripheral vascular disease	1	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1
444	Arterial embolism and thrombosis	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
	Totals: GROUP V11	140	127	-	-	-	-	-	-	-	-	2	-	27	10	39	24	72	93

Table 8:11 contd Guernsey - Deaths by I.C.D. 3-figure codes and age groups 1985

I.C.D. CODE NO	CAUSE OF DEATH	TOTAL		UNDER 1		Age 1-4		Age 5-14		Age 15-24		Age 25-44		Age 45-64		Age 65-74		Age 75+	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	GROUP V111 Diseases of the Respiratory System.																		
485	Bronchopneumonia, unspecified	16	25	-	-	-	-	-	-	-	-	-	-	-	-	2	4	14	21
486	Pneumonia, organism unspecified	3	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2	-
487	Influenza	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2
491	Chronic bronchitis	13	5	-	-	-	-	-	-	-	-	-	-	2	-	8	2	3	3
492	Emphysema	1	1	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-
493	Asthma	1	1	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-
494	Bronchiectasis	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-
496	Chronic airways obstruction	6	3	-	-	-	-	-	-	-	-	-	-	1	-	2	1	3	2
511	Pleurisy	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
514	Pulmonary congestion and hypostasis	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2
	Totals: GROUP V111	43	40	-	-	-	-	-	-	-	-	-	-	3	1	15	9	25	30
	GROUP 1X Diseases of the Digestive System																		
532	Duodenal ulcer	1	2	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	1
534	Gastrojejunal ulcer	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
540	Acute appendicitis	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-
557	Vascular insufficiency of intestine	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-
567	Peritonitis	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
571	Chronic liver disease and cirrhosis	7	4	-	-	-	-	-	-	-	-	-	1	2	1	3	2	2	-
	Carried forward	11	7	-	-	-	-	-	-	-	-	-	1	3	3	6	2	2	1

Table 8:11contd Guernsey - Deaths by I.C.D. 3-figure codes and age groups 1985

I.C.D. CODE NO	CAUSE OF DEATH	TOTAL		UNDER 1		Age 1-4		Age 5-14		Age 15-24		Age 25-44		Age 45-64		Age 65-74		Age 75+	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	Brought forward	11	7	-	-	-	-	-	-	-	-	-	1	3	3	6	2	2	1
	GROUP 1X Cont'd																		
573	Other disorders of liver	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
574	Cholelithiasis	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
576	Other disorders of biliary tract	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
	Totals:GROUP 1X	13	9	-	-	-	-	-	-	-	-	-	1	3	3	7	2	3	3
	GROUP X Diseases of the Genitourinary System																		
584	Acute renal failure	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
585	Chronic renal failure	5	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5	1
586	Renal failure, unspecified	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
588	Disorders resulting from impaired renal function	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
599	Other disorders of urethra and urinary tract	3	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2	-
602	Other disorders of prostate	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
	Totals: GROUP X	12	1	-	-	-	-	-	-	-	-	-	-	-	-	2	-	10	1
	GROUP X11 Diseases of the Skin and Subcutaneous tissue																		
707	Chronic ulcer of the skin	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
	Totals:GROUP X11	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1

Table 8:11contd Guernsey - Deaths by I.C.D. 3-figure codes and age groups 1985

I.C.D. CODE NO	CAUSE OF DEATH	TOTAL		UNDER 1		Age 1-4		Age 5-14		Age 15-24		Age 25-44		Age 45-64		Age 65-74		Age 75+	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	GROUP XV Certain conditions Originating in the Perinatal Period																		
765	Short gestation, unspecified low birthweight	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
770	Other respiratory conditions of fetus and newborn	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
776	Haematological disorders of fetus and newborn	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Totals: GROUP XV	3	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	GROUP XV1 Symptoms, Signs and Ill-defined Conditions																		
797	Senility without mention of psychosis	1	10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	10
798	Sudden death, cause unknown	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Totals- GROUP XV1	2	10	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	10

Table 8:11contd Guernsey - Deaths by I.C.D. 3 figure codes and age groups 1985

I.C.D. CODE NO	CAUSE OF DEATH	TOTAL		UNDER 1		Age 1-4		Age 5-14		Age 15-24		Age 25-44		Age 45-64		Age 65-74		Age 75+	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	GROUP XV11																		
	Injury and Poisoning																		
807	Fracture of rib(s), sternum, larynx and trachea	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
816	Fracture of one or more phalanges of hand	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-
820	Fracture of neck of femur	2	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1
852	Subarachnoid, subdural and extradural haemorrhage	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-
869	Internal injury to unspecified or ill-defined organs.	1	2	-	-	-	-	-	-	1	1	-	-	-	1	-	-	-	-
926	Crushing injury of trunk	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-
933	Foreign body in pharynx and larynx	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
934	Foreign body in trachea, bronchus and lung	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-
965	Poisoning by analgesics, antipyretics and antirheumatics	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-
969	Poisoning by psychotropic agents	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-
980	Toxic effect of alcohol	1	1	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-
991	Effects of reduced temperature	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
994	Effects of other external causes	1	1	-	-	-	-	-	-	1	-	-	-	-	1	-	-	-	-
	Totals: GROUP XV11	8	11	-	-	-	-	-	1	3	1	-	2	1	5	-	-	4	2

Table 8:12

GUERNSEY - NON-RESIDENT DEATHS - 1985

ICD No.	CONDITION	Total all ages M	Total all ages F	Total all ages Persons	Age Under 1 M	Age Under 1 F	Age 20-24 M	Age 20-24 F	Age 25-44 M	Age 25-44 F	Age 45-64 M	Age 45-64 F	Age 65-74 M	Age 65-74 F	Age 75+ M	Age 75+ F
	Group 11															
174	Malignant, female breast	-	1	1	-	-	-	-	-	-	-	-	-	1	-	-
183	Malignant, ovary & other uterine adnexa	-	1	1	-	-	-	-	-	-	-	-	-	1	-	-
180	Malignant, cervix uteri	-	1	1	-	-	-	-	-	-	-	-	-	1	-	-
	Group 1V															
286	Coagulation defects	1	-	1	-	-	-	-	-	-	1	-	-	-	-	-
	Group V11															
402	Hypertensive heart disease	1	-	1	-	-	-	-	-	-	-	-	-	-	1	-
410	Acute myocardial infarction	7	2	9	-	-	-	-	-	-	3	-	3	1	1	1
414	Chronic ischaemic heart disease	3	-	3	-	-	-	-	-	-	1	-	1	-	1	-
428	Heart failure	1	-	1	-	-	-	-	-	-	-	-	1	-	-	-
434	Cerebral occlusion of arteries	-	1	1	-	-	-	-	-	-	-	-	-	-	-	1
441	Aortic aneurysm	2	-	2	-	-	-	-	-	-	-	-	1	-	1	-
	Group V111															
491	Chronic bronchitis	1	-	1	-	-	-	-	-	-	-	-	-	-	1	-
	Group 1X															
557	Vascular insufficiency of intestine	-	1	1	-	-	-	-	-	-	-	1	-	-	-	-
578	Gastrointestinal haemorrhage	1	-	1	-	-	-	-	-	-	-	-	-	-	1	-
	Group XV1															
798	Sudden death, cause unknown	1	-	1	1	-	-	-	-	-	-	-	-	-	-	-
	Group XV11															
994	Effects of other external causes	1	-	1	-	-	1	-	-	-	-	-	-	-	-	-
	Totals:	19	7	26	1	-	1	-	-	-	5	1	6	4	6	2